

**Claim File Summary Information**

<b>Name</b>	STEVEN ALFANO	<b>SSN</b>	099-44-9648	<b>DOB</b>	01/14/1958
<b>Account Name</b>	WEILL MEDICAL COLLEGE OF CORNE	<b>Account #</b>	NYK0001972	<b>Incurred Date</b>	06/06/2000
<b>Claim Manager</b>	Mark Sodders	<b>Incident #</b>	513554	<b>Claim Eff Dt-Status</b>	09/28/2005 - Closed

Report date: 12/28/2007 7:00:02 AM EST

## Employee File

### Employee Information

Prefix Name	First Name	STEVEN	MI
	Last Name	ALFANO	Suffix Name
Certholder Code	S - Social Security Number	SSN	099-44-9648
Date of Birth	01/14/1958	Age	49
Gender	Male	Marital Status	Unknown
		SIT State	NEW YORK

### Address Information

Address Line 1	3800 WALDO AVE, 13-G			
Address Line 2				
City	BRONX	State/Province	NEW YORK	Zip Code
Country	United States	Other		10463

### Phone Information

Type	Number	Ext.

E-Mail Address

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Last Changed User	SCOTT KARCH	Last Changed Date	12/07/2000 12:00 AM
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Created: 04/03/2004 05:06 AM

**Primary Claim File**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Assignment Information**

Team Name	D-SAM Recert	Claim Office	
Nurse		Vocational Rehab	
Claim Type	LTD		
Claim Reopened Reason			
Claim Status Reason	Denied, Not TD Own Occ		
Financial Arrangement	1 - Fully Insured		<input type="checkbox"/> In Suit Indicator

**Incident Information**

Last Day Worked	06/06/2000	Hours Worked Last Day	0
Benefit Start Date	12/03/2000	Benefit Term Date	09/28/2005
Benefit Paid Through Date	10/27/2005	Claim Registered Date	12/08/2000
Received Date	12/07/2000	STD to LTD Transition Date	
Any-Occ Date	09/28/2005	SUTA State	NEW YORK
Incurred Date	06/06/2000		

**Standard Length of Disability Duration (in Days)**

Part Time	Full Time	Red Flag	<input type="checkbox"/> Does Not Exist
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**Medical Information**

Mental Illness Limit	1 - Duration Restricted	Claim Complexity	
Primary ICD Code	72252		
Primary ICD Description	LUMB/LUMBOSAC DISC DEGEN		
Secondary ICD Code			
Secondary ICD Description			
Condition	Illness		

**Occupation Information**

Occupation Category	01 - Officials and Managers		
Employee ID		Date of Hire	05/05/1991
Job Title	Officials and Managers	Work Related?	
Cause of Loss Description	054 - Sickness -- Non-Occ		

**Key Dates**

ERD			
ERD Reason Code			
Provider's Estimated RTW		Actual RTW	
Med Approved Through		Proof of Loss Date	02/06/2001

**SAM Information**

Pre-SAM Effective Date	SAM Effective Date
SAM Review Type	

**Policy / Key Change Information**

Rated/Ported Code	3 - Pooled		
Number of Months in Split		Split Transition Date	
LINA Only			
Policy Symbol	NYK	Policy Number	0001972
Suffix	000	Coverage Code	80B
CG Only			
Account Number		Policy Code	
Major/Minor		Division	
Sub Minor			

Last Changed User ID	Mark Sodders	Last Changed Date	09/28/2005 03:10 PM
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Created: 04/03/2004 11:57 AM

**Med/Voc**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Medical Information**

Date Accident Happened or Symptoms First Appeared	ERD		
Provider's Estimated RTW Date			
Primary ICD Code	72252	Primary ICD Description	LUMB/LUMBOSAC DISC DEGEN
Secondary ICD Code		Secondary ICD Description	
Level of Functional Capacity		Actual RTW Date	

**Healthcare Connect**

Healthcare Connect	Early Notice ID
CHC Data Source	CHC Eligibility Source
CHC Medical Product Type	CIGNA Behavioral Type
CHC Well Aware	

**Treatment Information**

Name of Hospital or Clinic	
Date Admitted	Date Discharged
Expected Delivery Date	Delivery Method
Actual Delivery Date	Complications
Date of Surgery	Type of Surgery

**Vocational Rehab Information**

Mandatory Rehab	DOT Description
Occupational Characteristics	
DOT Occupational Titles1	DOT Occupational Titles2
DOT Occupational Titles3	Claimant Educational Background

**Claimant Work History**

Rehab Accepted Date	Rehab Closed Date
Outcome	RTW Category

Last Changed User	Acenza Admin	Last Changed Date	03/09/2007 10:30 PM
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Created: 04/03/2004 11:57 AM

**Financial**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Compensation Information**

Weekly Amount	\$ 1369.23	Monthly Amount	\$ 5933.32
Average Weekly Wage (for 8 weeks preceding disability)	\$ 0.00	Total Hours Worked per Week	

**Benefit Information**

Waiting Period	Specify Other
Waiting Period Code	06 - > 154 Days <= 184 Days
Maximum Period	Specify Other
Total Benefits Paid Through Amount	\$ 122109.03
Period Code	07 - Age 65

**Contribution Information**

STD Effective Date	Buy-Up Effective Date
Contribution Taxability	Buy-Up Taxability
Tax Contribution	Post-Tax Buy-Up Contribution
LTD Effective Date	Employer-Calculated Blended Contribution

**Overpayment Information**

Total Amount	\$ 0.00	Deduct Amount	\$ 0.00
Deduct Start Date			

**Social Security Information**

Date of Birth of Youngest Dependent	Spouse Date of Birth
Reimbursement Agreement Received Date	Authorization Form Received Date
Vendor Name	Own Representation
Vendor Referred Date	

**Benefit Segment Index**

Benefit Segment Number	Net Benefit Effective Date	Gross Benefit Amount	Net Benefit Amount
1	12/03/2000	\$ 4153.32	\$ 100.00
2	12/06/2000	\$ 3560.00	\$ 2050.00
3	12/07/2000	\$ 3560.00	\$ 3560.00

4	02/05/2001	\$ 3560.00	\$ 3560.00
5	02/03/2003	\$ 4153.32	\$ 1888.32
6	07/03/2004	\$ 4153.32	\$ 2273.45
7	12/03/2004	\$ 4153.32	\$ 2125.32

**Benefit Segment Information**

Benefit Frequency	M - One Month (Standard 30 Day)	Benefit Paid Through Date	10/27/2005
Compensation Frequency	Monthly	Compensation Amount	\$ 5933.32
Integration Method	03 - Backdoor Override	Override	70 %
Calculation Rounding Indicator	A - Basic Amt to Nearer Dollar	Override Amount	\$ 4153.32
Calculation Basic	60 %	Basic Amount	\$ 3559.99
Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	\$ 15000.00
Flat Benefit Amount	\$	Gross Benefit Amount	\$ 4153.32
Net Benefit Amount	\$ 100.00	Net Benefit Type	M - Minimum Benefit
Net Benefit Effective Date	12/03/2000		

**Offset Information**

Offset Type	Status	Effective Date	Term Date	Amount
23 - Rehabilitation	T - Expected RTW	06/06/2000		\$ 0.00
01 - Short Term Disability Income	A - Actual or Approved Offset	06/05/2000		\$ 2894.41
04 - Primary Disability w/ freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 1510.00
06 - Dependent SS with freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 755.00
				\$

**Benefit Segment Information**

Benefit Frequency	M - One Month (Standard 30 Day)	Benefit Paid Through Date	10/27/2005
Compensation Frequency	Monthly	Compensation Amount	\$ 5933.32
Integration Method	03 - Backdoor Override	Override	70 %
Calculation Rounding Indicator	A - Basic Amt to Nearer Dollar	Override Amount	\$ 4153.32
Calculation Basic	60 %	Basic Amount	\$ 3559.99
Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	\$ 15000.00
Flat Benefit Amount	\$	Gross Benefit Amount	\$ 3560.00
Net Benefit Amount	\$ 2050.00	Net Benefit Type	N - Gross or Gross less Offsets
Net Benefit Effective Date	12/06/2000		

**Offset Information**

Offset Type	Status	Effective Date	Term Date	Amount
23 - Rehabilitation	T - Expected RTW	06/06/2000		\$ 0.00
01 - Short Term Disability Income	V - Terminated	12/06/2000		\$ 0.00
04 - Primary Disability w/ freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 1510.00

\$  
\$  
\$

**Benefit Segment Information**

<b>Benefit Frequency</b>	M - One Month (Standard 30 Day)	<b>Benefit Paid Through Date</b>	10/27/2005
<b>Compensation Frequency</b>	Monthly	<b>Compensation Amount</b>	\$ 5933.32
<b>Integration Method</b>	03 - Backdoor Override	<b>Override</b>	70 %
<b>Calculation Rounding Indicator</b>	A - Basic Amt to Nearer Dollar	<b>Override Amount</b>	\$ 4153.32
<b>Calculation Basic</b>	60 %	<b>Basic Amount</b>	\$ 3559.99
<b>Benefit Minimum Amount</b>	\$ 100.00	<b>Benefit Maximum Amount</b>	\$ 15000.00
<b>Flat Benefit Amount</b>	\$	<b>Gross Benefit Amount</b>	\$ 3560.00
<b>Net Benefit Amount</b>	\$ 3560.00	<b>Net Benefit Type</b>	N - Gross or Gross less Offsets
<b>Net Benefit Effective Date</b>	12/07/2000		

**Offset Information**

<b>Offset Type</b>	<b>Status</b>	<b>Effective Date</b>	<b>Term Date</b>	<b>Amount</b>
23 - Rehabilitation	T - Expected RTW	06/06/2000		\$ 0.00
01 - Short Term Disability Income	V - Terminated	12/06/2000		\$ 0.00
				\$
				\$
				\$

**Benefit Segment Information**

<b>Benefit Frequency</b>	M - One Month (Standard 30 Day)	<b>Benefit Paid Through Date</b>	10/27/2005
<b>Compensation Frequency</b>	Monthly	<b>Compensation Amount</b>	\$ 5933.32
<b>Integration Method</b>	03 - Backdoor Override	<b>Override</b>	70 %
<b>Calculation Rounding Indicator</b>	A - Basic Amt to Nearer Dollar	<b>Override Amount</b>	\$ 4153.32
<b>Calculation Basic</b>	60 %	<b>Basic Amount</b>	\$ 3559.99
<b>Benefit Minimum Amount</b>	\$ 100.00	<b>Benefit Maximum Amount</b>	\$ 15000.00
<b>Flat Benefit Amount</b>	\$	<b>Gross Benefit Amount</b>	\$ 3560.00
<b>Net Benefit Amount</b>	\$ 3560.00	<b>Net Benefit Type</b>	N - Gross or Gross less Offsets
<b>Net Benefit Effective Date</b>	02/05/2001		

**Offset Information**

<b>Offset Type</b>	<b>Status</b>	<b>Effective Date</b>	<b>Term Date</b>	<b>Amount</b>
23 - Rehabilitation	T - Expected RTW	06/06/2000		\$ 0.00
01 - Short Term Disability Income	V - Terminated	12/06/2000		\$ 0.00
04 - Primary Disability w/ freeze	T - Expected RTW	06/06/2000		\$ 0.00
				\$
				\$
				\$

**Benefit Segment Information**

<b>Benefit Frequency</b>	M - One Month (Standard 30 Day)	<b>Benefit Paid Through Date</b>	10/27/2005
<b>Compensation Frequency</b>	Monthly	<b>Compensation Amount</b>	\$ 5933.32
<b>Integration Method</b>	03 - Backdoor Override	<b>Override</b>	70 %
<b>Calculation Rounding Indicator</b>	A - Basic Amt to Nearer Dollar	<b>Override Amount</b>	\$ 4153.32
<b>Calculation Basic</b>	60 %	<b>Basic Amount</b>	\$ 3559.99
<b>Benefit Minimum Amount</b>	\$ 100.00	<b>Benefit Maximum Amount</b>	\$ 15000.00
<b>Flat Benefit Amount</b>	\$	<b>Gross Benefit Amount</b>	\$ 4153.32
<b>Net Benefit Amount</b>	\$ 1888.32	<b>Net Benefit Type</b>	X - Override Max less Offsets
<b>Net Benefit Effective Date</b>	02/03/2003		

**Offset Information**

<b>Offset Type</b>	<b>Status</b>	<b>Effective Date</b>	<b>Term Date</b>	<b>Amount</b>
04 - Primary Disability w/ freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 1510.00
06 - Dependent SS with freeze	01 - SS Award @ Initial Application	12/01/2002		\$ 755.00
				\$
				\$
				\$

**Benefit Segment Information**

<b>Benefit Frequency</b>	M - One Month (Standard 30 Day)	<b>Benefit Paid Through Date</b>	10/27/2005
<b>Compensation Frequency</b>	Monthly	<b>Compensation Amount</b>	\$ 5933.32
<b>Integration Method</b>	03 - Backdoor Override	<b>Override</b>	70 %
<b>Calculation Rounding Indicator</b>	A - Basic Amt to Nearer Dollar	<b>Override Amount</b>	\$ 4153.32
<b>Calculation Basic</b>	60 %	<b>Basic Amount</b>	\$ 3559.99
<b>Benefit Minimum Amount</b>	\$ 100.00	<b>Benefit Maximum Amount</b>	\$ 15000.00
<b>Flat Benefit Amount</b>	\$ 0.00	<b>Gross Benefit Amount</b>	\$ 4153.32
<b>Net Benefit Amount</b>	\$ 2273.45	<b>Net Benefit Type</b>	C - COLA Updates
<b>Net Benefit Effective Date</b>	07/03/2004		

**Offset Information**

<b>Offset Type</b>	<b>Status</b>	<b>Effective Date</b>	<b>Term Date</b>	<b>Amount</b>
04 - Primary Disability w/ freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 1510.00
06 - Dependent SS with freeze	01 - SS Award @ Initial Application	12/01/2002		\$ 755.00
				\$ 0.00
				\$ 0.00
				\$ 0.00

**Benefit Segment Information**

<b>Benefit Frequency</b>	M - One Month (Standard 30 Day)	<b>Benefit Paid Through Date</b>	10/27/2005

Compensation Frequency	Monthly	Compensation Amount	\$ 5933.32
Integration Method	03 - Backdoor Override	Override	70 %
Calculation Rounding Indicator	A - Basic Amt to Nearer Dollar	Override Amount	\$ 4153.32
Calculation Basic	60 %	Basic Amount	\$ 3559.99
Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	\$ 15000.00
Flat Benefit Amount	\$ 0.00	Gross Benefit Amount	\$ 4153.32
Net Benefit Amount	\$ 2125.32	Net Benefit Type	C - COLA Updates
Net Benefit Effective Date	12/03/2004		

#### Offset Information

Offset Type	Status	Effective Date	Term Date	Amount
04 - Primary Disability w/ freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 1510.00
06 - Dependent SS with freeze	01 - SS Award @ Initial Application	12/01/2002		\$ 755.00
				\$ 0.00
				\$ 0.00
				\$ 0.00

Last Changed User	Mark Sodders	Last Changed Date	12/22/2004 11:21 AM
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Created: 04/03/2004 11:57 AM

**Eligibility**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Decision Information**

Core	Date
Buy-Up	Date

**Supplemental Information**

CIGNA Life Insurance	Life Policy Number
Waiver of Premium	Family Monthly Income
Pension Contribution	Total & Permanent Disability
Late Submittal	Pension Supplement
Pre-Existing Condition	Continuity of Coverage
PCL Investigation Begin	PCL Investigation End
Date	Date
Occupational Provision	

**Employer Location Information**

Location Number	01	Location	WEILL CORNELL MEDICAL
Address Line 1	ATTN: CLARE MCDONOUGH		
Address Line 2	445 E. 69TH ST. RM 220		
City	NEW YORK	State/Province	NY

Last Changed User	JOHN SCHOENER	Last Changed Date	07/03/2003 12:00 AM
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Created: 04/03/2004 11:57 AM

**SIU/Appeal**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Special Investigation**

SIU Acceptance Date	SIU Completed Date
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**Appeal Information**

Claim Re-opened Date
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**First Appeal**

Appeal Received Date	05/30/2002
Appeal Acknowledgement	
Letter Sent Date	
Appeal Resolution Date	03/31/2006

**Second Appeal**

Appeal Received Date	09/21/2006
Appeal Acknowledgement	10/26/2006
Letter Sent Date	
Appeal Resolution Date	12/08/2006

Last Changed User	JOHN SCHOENER	Last Changed Date	07/03/2003 12:00 AM
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Created: 04/03/2004 11:57 AM

**Supp Covg**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNELL	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Family Monthly Income**

Eligible	No	Claim Status	
Net Benefit Amount	\$ 0.00	Benefit %	0.00 %
Benefit Start Date		Benefit Term Date	
Benefit Frequency		Benefit Period Code	
Employee Contribution	0.00 %		
%			

**Pension Supplement**

Eligible	No	Claim Status	
Net Benefit Amount	\$ 0.00	Benefit %	0.00 %
Benefit Start Date		Benefit Term Date	
Benefit Frequency		Benefit Period Code	
Employee Contribution	0.00 %		
Contribution%			

**Pension Contribution**

Eligible	No	Taxable	
Net Benefit Amount	\$ 0.00	Benefit %	0.00 %
Employee Contribution	0.00 %		
Contribution%			

**Total & Permanent Disability**

Interest Rate	0.00 %	Paid Out As	
TPD Rate	0.00 %	TPD Amount	\$ 0.00

**Spouse Information**

First Name	MI	Last Name	
SSN		Date of Birth	
Is Spouse Employed?		If Employed	

Last Changed User	JOHN SCHOENER	Last Changed Date	07/03/2003 12:00 AM
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Created: 04/03/2004 11:57 AM

**Follow-Up Tasks - General Follow-Up**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** file received from closed storage? Ordered 09/10**Comment/Instruction**

File rec'd and sent to copy service for request by attorney. Copy of file and letter sent to attorney on 09/20/2007.

<b>Last Changed User</b>	Leon Farmer	<b>Last Changed Date</b>	09/20/2007 09:41 AM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Leon Farmer

**Follow-Up Tasks - General Follow-Up**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** Please recall from closed storage. Thnx Leon

**Comment/Instruction**

<b>Last Changed User</b>	Wilma Lord	<b>Last Changed Date</b>	09/14/2007 12:59 PM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Wilma Lord

## Follow-Up Tasks - Correspondence Task

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** Core Team Appeal Ack Ltr

**Comment/Instruction**

DocGen System Notice of Letter Creation.

Reference -1146781-967044-

Role: Attorney

Specialty:

Primary Recipient: DELOTT, JEFFREY

Company: LAW OFFICES OF JEFFREY DELOTT

Category:

System title: Core Team Appeal Ack Ltr

Author: FARMER, CLAUDE

Date Sent: Sep 10 2007 12:41PM

User title: att ack

Enclosures Indicator:

CC Indicator:

<b>Last Changed User</b>	Leon Farmer	<b>Last Changed Date</b>	09/10/2007 12:41 PM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Leon Farmer

**Follow-Up Tasks - General Follow-Up**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** CX asked for third appeal.

**Comment/Instruction**

Calm was denied on a vol appeal on 12/07/2006. CX sent a letter dated 08/06/2007 wanting another appeal. CX appeal rights were exhausted in letter of 12/07/2006. I talked to Medha in appeals and it was agreed no other appeal would be considered. Letter sent to CX on 08/14/2007 advising we would not consider any additional appeal. Letter is in acclaim.

<b>Last Changed User</b>	Leon Farmer	<b>Last Changed Date</b>	08/14/2007 03:45 PM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Leon Farmer

## Follow-Up Tasks - Correspondence Task

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** Free Form Letter

**Comment/Instruction**

DocGen System Notice of Letter Creation.

Reference ~1088032~915560~

Role: Claimant

Specialty:

Primary Recipient: ALFANO, STEVEN

Company:

Category:

System title: Free Form Letter

Author: FARMER, CLAUDE

Date Sent: Aug 14 2007 3:37PM

User title: Appeal Ehausted

Enclosures Indicator:

CC Indicator:

Last Changed User	Leon Farmer	Last Changed Date	08/14/2007 03:37 PM
Status:	Completed	Assigned To:	Leon Farmer

## Appeal Process

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

### Senior Appeals Specialist/STD Gatekeeper

Appeal Assignee Medha Bharadwaj Date 10/26/2006 03:30 PM User ID Karol Johnson

### Appeal Assignee

Detailed Acknowledgement Letter Sent Date 10/27/2006

### Action Plan/Investigation Results

Voluntary appeal. 48 yom off work since 06/06/00 due to chronic back pain. Cx was paid LTD from 12/03/00 through 10/27/2005. Claim was denied based on an FCE showing cx could do sedentary work and TSA identified cx's own occupation. On voluntary appeal. Claim was staffed with Dr. Mendez as some new medical information was sent in. Medical did not support l/r precluding sedentary work. On voluntary appeal, no medical information was submitted. However, Gary Person, appeal manager, and Karol Johnson, ASCM, directed me to refer file for an orthopaedic peer review. Letter sent to attorney advising of PR and PR form emailed to ANCM to facilitate the PR. PR received, see below for summary. PR stated that the l.r precluding sedentary work are not supported per the FCE. PR said cx would need to change positions, however this would still be in the confines of sedentary work. Cx's occ is sedentary. affirm and exhaust.

Refer to MC/NCM Date 12/11/2006 10:05 AM User ID Medha Bharadwaj

### MC/NCM

#### Medical Investigation Results

10-30-06 ANCM received and reviewed referral form requesting Ortho/PR with Intracorp per TL request. Vendor notified of request.

Karen Haley RN

10-31-06 Kathy Douglas from Intracorp copied and delivered medical records to vendor.

Karen Haley RN

11-01-06 ANCM received Acknowledgement letter from Intracorp confirming request for Ortho/PR with a completion date of 11-15-06. ANCM will f/u by 11-16-06 if no report received.

Karen Haley RN

11-29-06 ANCM received Ortho/PR report back from Intracorp, completed by Dr. Weiss who found the provided medical records are insufficient to support R/L that would preclude sedentary abilities during the time period in question. Reviewer does not cx should change positions frequently, limit walking to not greater than one block. Please see report for details. ANCM discussed with ACM and file returned.

Karen Haley RN

Refer Back To Assignee Date 11/29/2006 02:16 PM User ID Karen Haley

### Recommendation

Appeal Assignee Recommendation Upheld Original Denial

Referred to CAT TL/SCM/TL of Assignee Date 12/07/2006 01:38 PM User ID Medha Bharadwaj

### Decision

CAT TL (LTD)/SCM/TL of Assignee(STD) Decision Upheld Original Denial

If decision = Overturned, route task to the TL of the core team. If decision = Upheld, route task to appeal assignee.

Date 12/08/2006 09:35 AM User ID Gary Person

### Comments

Decision reviewed

<input checked="" type="checkbox"/> <b>Appeal Decision Letter Sent</b>	Date	12/11/2006 10:04 AM	User ID	Medha Bharadwaj	
<b>Last Changed User</b>	Medha Bharadwaj	<b>Last Changed Date</b>	12/11/2006 11:05 AM		
<b>Status:</b>	Completed	<b>Assigned To:</b>	Medha Bharadwaj	<b>Created:</b>	10/26/2006 04:30 PM

**Peer Review**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**ASO Only**

Customer Approved	Date
First Name	Last Name

**Peer Review**

Requested Provider	Orthopedist		
Specialty *			
Rationale *	Conflicting Medical Information	Specify Other	
Vendor Referred Date *	10/30/2006	Vendor Acknowledgement Date *	11/01/2006
Claimant Notification Date *	11/01/2006		
Special Instructions			

**Peer Review Provider**

Provider Specialty *	Orthopedic Surgeon		
First Name *	michael	Last Name *	weiss
City *	CARROLLTON	State / Province *	TEXAS
Phone Number		Ext.	
Fax Number			

Report Received Date *	11/29/2006
Outcome *	Does Not Support Functionality
Complete Vendor QA Form	

**Vendor Quality Assurance****Customer Service**

1. The ease in using this vendor service is rated as (on a scale of 1 to 5) \* 3  
 Where 1 = Very Difficult and 5 = Very Easy

**Impact**  
 2. Impact/usefulness of the Vendor Service (on a scale of 1 to 5) \* 3  
 Where 1 = No Impact and 5 = Strong Impact

**Professionalism**  
 3. Professional Delivery and Quality of Vendor Service (on a scale of 1 to 5) \* 3  
 Where 1 = Least Professional and 5 = Most Professional

**Follow-up Required**  
 4. Was an Addendum Needed? \* No  
 Reason for Addendum

**Vendor Alert Form**

5. Was a Vendor Alert Form submitted on this referral? \* No

**Expenses**

6. Were vendor fees within contracted fee schedule? \* Yes

Cost \* \$ 0.00

If No, provide rationale for additional costs

**Comments**

10-30-06 ANCM received and reviewed referral form requesting Ortho/PR with Intracorp per TL request. Vendor notified of request.

Karen Haley RN

10-31-06 Kathy Douglas from Intracorp copied and delivered medical records to vendor.

Karen Haley RN

11-1-06 ANCM received Acknowledgement letter from Intracorp confirming request for Ortho/PR with a completion date of 11-15-06. ANCM will f/u by 11-16-06 if no report received.

Karen Haley RN

11-29-06 ANCM received Ortho/PR report back from Intracorp, completed by Dr. Weiss who found the provided medical records are insufficient to support R/L that would preclude sedentary abilities during the time period in question. Reviewer does not cx should change positions frequently, limit walking to not greater than one block. Please see report for details.

ANCM discussed with ACM and file returned.

Karen Haley RN

Last Changed User	Karen Haley	Last Changed Date	11/29/2006 03:15 PM
Status:	Completed	Assigned To:	Karen Haley

## Follow-Up Tasks - Correspondence Task

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** Free Form Letter

**Comment/Instruction**

DocGen System Notice of Letter Creation.

Reference ~519274~420160~

Role: Attorney

Specialty:

Primary Recipient: COHEN, ADAM

Company: COHEN & SIEGEL, LLP

Category:

System title: Free Form Letter

Author: BHARADWAJ, MEDHA

Date Sent: Nov 13 2006 5:33PM

User title:

Enclosures Indicator:

CC Indicator:

<b>Last Changed User</b>	Medha Bharadwaj	<b>Last Changed Date</b>	11/13/2006 05:33 PM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Medha Bharadwaj

**Follow-Up Tasks - General Follow-Up**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** 017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE**Comment/Instruction**

017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

<b>Last Changed User</b>	Karol Johnson	<b>Last Changed Date</b>	11/03/2006 07:46 AM
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<b>Status:</b>	Completed	<b>Assigned To:</b>	Karol Johnson	<b>Created:</b>	11/03/2006 02:59 AM
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**Follow-Up Tasks - General Follow-Up**

<b>Name</b>	STEVEN ALFANO	<b>SSN</b>	099-44-9648	<b>DOB</b>	01/14/1958
<b>Account Name</b>	WEILL MEDICAL COLLEGE OF CORNE	<b>Account #</b>	NYK0001972	<b>Incurred Date</b>	06/06/2000
<b>Claim Manager</b>	Mark Sodders		<b>Incident #</b>	513554	<b>Claim Eff Dt-Status</b>

**Title** 017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE**Comment/Instruction**

017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

<b>Last Changed User</b>	Karol Johnson	<b>Last Changed Date</b>	10/30/2006 07:09 AM
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<b>Status:</b>	Completed	<b>Assigned To:</b>	Karol Johnson	<b>Created:</b>	10/29/2006 02:54 AM
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**Follow-Up Tasks - General Follow-Up**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** 017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

**Comment/Instruction**

017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

<b>Last Changed User</b>	Karol Johnson	<b>Last Changed Date</b>	10/30/2006 07:08 AM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Karol Johnson
		<b>Created:</b>	10/28/2006 03:43 AM

## Follow-Up Tasks - Correspondence Task

<b>Name</b>	STEVEN ALFANO	<b>SSN</b>	099-44-9648	<b>DOB</b>	01/14/1958
<b>Account Name</b>	WEILL MEDICAL COLLEGE OF CORNE	<b>Account #</b>	NYK0001972	<b>Incurred Date</b>	06/06/2000
<b>Claim Manager</b>	Mark Sodders		<b>Incident #</b>	513554	<b>Claim Eff Dt-Status</b>
					09/28/2005 - Closed

**Title** Free Form Letter

**Comment/Instruction**

DocGen System Notice of Letter Creation.

Reference ~488209-394236~

Role: Attorney

Specialty:

Primary Recipient: COHEN, ADAM

Company: COHEN & SIEGEL, LLP

Category:

System title: Free Form Letter

Author: BHARADWAJ, MEDHA

Date Sent: Oct 27 2006 1:59PM

User title:

Enclosures Indicator:

CC Indicator:

<b>Last Changed User</b>	Medha Bharadwaj	<b>Last Changed Date</b>	10/27/2006 01:59 PM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Medha Bharadwaj

**Follow-Up Tasks - General Follow-Up**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** 009 - REGISTRATION UPDATE ATTEMPTED ON A CLOSED CLAIM**Comment/Instruction**

009 - REGISTRATION UPDATE ATTEMPTED ON A CLOSED CLAIM

Last Changed User	Karol Johnson	Last Changed Date	10/27/2006 07:12 AM
Status:	Completed	Assigned To:	Karol Johnson

**Appeal Referral**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Core Team Claim Manager**

ERISA Indicator *	ERISA
Financial Arrangement	1 - Fully Insured
Appeal Received Date *	09/21/2006
Appeal Acknowledgement Letter Sent Date *	10/26/2006
Original Denial Date	09/28/2005
Reason for Original Denial *	A - Denied, Not TD Any Occ
Does new information support re-open of claim? *	No
Rationale / Special Handling Instructions (if applicable)	
Prior review by Noemi Landis.	
<input type="checkbox"/> Referred to SCM/TL, if required	Date
	User ID

**SCM/TL**

Decision *	Send to CAT (LTD)
If the decision is not to re-open, then re-route the task to the party selected above.	
Comments	
If decision is to Re-open, refer to Claim Manager	
Claim Manager Referral Date (Re-opens only)	User ID
Centralized Appeals Team / STD Appeals	10/26/2006 03:30 PM
Gatekeeper Referral Date	User ID Karol Johnson

<input type="checkbox"/> Appeal Decision Letter Sent (Re-Opens only)	Date	User ID
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Last Changed User	Karol Johnson	Last Changed Date	10/26/2006 04:30 PM
Status:	Completed	Assigned To:	Karol Johnson

## Follow-Up Tasks - Correspondence Task

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders		Incident #	513554	Claim Eff Dt-Status
					09/28/2005 - Closed

**Title** Appeal Ack Ltr - Claimant Request for Appeal

**Comment/Instruction**

DocGen System Notice of Letter Creation.

Reference ~86929-68042~

Role: Attorney

Specialty:

Primary Recipient: COHEN, ADAM

Company: COHEN & SIEGEL, LLP

Category:

System title: Appeal Ack Ltr - Claimant Request for Appeal

Author: SODDERS, MARK

Date Sent: Mar 3 2006 3:37PM

User title: Appeal Ack

Enclosures Indicator:

CC Indicator: Y

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	09/30/2006 04:59 PM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders

## Appeal Process

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

### Senior Appeals Specialist/STD Gatekeeper

Appeal Assignee Noemi Martinez-Landis Date 03/07/2006 09:36 AM User ID Karol Johnson

### Appeal Assignee

Detailed Acknowledgement Letter Sent Date 03/21/2006

### Action Plan/Investigation Results

48 yom claiming LTD benefits from 10/28/05 forward. Benefits were paid from 12/3/00-10/27/05. Attorney submitting appeal cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also indicates that SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05. Medical submitted from Dr. Alejades and Dr. Roach, indicates both AP's cites findings on PE, imaging tests, and L/R in one actual medical records submitted, which is an MRI Lumbar Spine dates 07/08/2005 showing moderate spinal stenosis L4-L5 and L5-S1. Will staff file with AMD. 3/29/06 based on mr on file functional deficits are not supported for time period in question and appeal is affirmed.

Refer to MC/NCM Date 03/22/2006 12:32 PM User ID Noemi Martinez-Landis

### MC/NCM

#### Medical Investigation Results

AMD Mendez FCE reviewed along with job requirements. Validity measures met. Exam concluded Mr. Alfano was able to perform his sedentary level work duties. So original decision remains supported.

Refer Back To Assignee Date 03/29/2006 11:51 AM User ID Noemi Martinez-Landis

### Recommendation

Appeal Assignee Recommendation Upheld Original Denial  
 Referred to CAT TL/SCM/TL of Assignee Date 03/29/2006 11:55 AM User ID Noemi Martinez-Landis

### Decision

CAT TL (LTD)/SCM/TL of Assignee(STD) Decision Upheld Original Denial  
 If decision = Overturned, route task to the TL of the core team. If decision = Upheld, route task to appeal assignee.

Date 03/31/2006 08:46 AM User ID Gary Person

### Comments

Decision reviewed

Appeal Decision Letter Sent Date 04/13/2006 02:29 PM User ID Noemi Martinez-Landis

Last Changed User Noemi Martinez-Landis Last Changed Date 04/13/2006 03:31 PM

Status: Completed Assigned To: Noemi Martinez-Landis Created: 03/07/2006 10:35 AM

**Internal Resource Referral**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident # 513554		Claim Eff Dt-Status	09/28/2005 - Closed

*\* Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

**Title** needs review

**Referral Type** Medical

**Role** Associate Medical Director      **Name** Scott Taylor       **New Nurse/VRC of Record**

**Check all that apply for Medical or Vocational**

- Symptoms insufficient to support diagnosis**
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis**
- Occupational requirements assessment is needed**
- Determine Functional Capacity**
- Projected return to work date is unclear or undetermined**
- Return to Work Assistance**
- Internal Transferable Skills Assessment**
- Claim Complexity Changed**
- Other**      **Specify Other**

**Comments**

Please determine if medical records on file support functional deficits at a Medium capacity on FT basis beyond the BWP, 7/30/05-1/15/06.

<b>Last Changed User</b>	Noemi Martinez-Landis	<b>Last Changed Date</b>	04/03/2006 12:12 PM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Noemi Martinez-Landis

**Appeal Referral**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Core Team Claim Manager**

ERISA Indicator *	ERISA
Financial Arrangement	1 - Fully Insured
Appeal Received Date *	02/28/2006
Appeal Acknowledgement Letter Sent Date *	03/03/2006
Original Denial Date	09/28/2005
Reason for Original Denial *	A - Denied, Not TD Any Occ
Does new information support re-open of claim? *	Unable to Evaluate

**Rationale / Special Handling Instructions (if applicable)**

Attorney submitted appeal letter. This letter states that cx remains TD from both parts of the disability definition. Attny stated cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also cited the SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05, most notably medical from 2002. Attorney submitted medical from 2006 that shows, according to attorney, a worsening of cx's condition. However, no mention was ever made concerning the findings of the FCE in correlation to this medical. Attorney did state that the FCE was the only item we utilized in making the determination. Attorney surmised that, based on the therapists report in the FCE, Sedentary was chosen as it was the lowest available on the form. Attny stated that based on the aforementioned information, and that the sum of evidence also indicates Cx is unable to earn more than 80 indexed covered earnings, Cx's claim should be reopened.

Medical submitted is from Dr. Aleiades and Dr. Roach, which is a form completed from both AP's that cites findings on PE, imaging tests, and L/R only one actual medical records submitted, which is an MRI Lumbar Spine dates 07/08/2005, which indicates moderate spinal stenosis L4-L5 and L5-S1.

Referred medical submitted with Appeal to NCM for review. NCM's review indicates that this additional medical provided is insufficient to support a change in severity of deficits that significantly impacts function after the FCE.

Referring to appeals team for handling.

MDSodders CM

**Referred to SCM/TL, if required**

Date 03/03/2006 01:51 PM

User ID Mark Sodders

**SCM/TL**

Decision \* Send to CAT (LTD)

If the decision is not to re-open, then re-route the task to the party selected above.

**Comments**

If decision is to Re-open, refer to Claim Manager

Claim Manager Referral Date (Re-opens only)

User ID

Centralized Appeals Team / STD Appeals

03/03/2006 04:35 PM

User ID Kathy Harvey

Gatekeeper Referral Date

<input type="checkbox"/> <b>Appeal Decision Letter Sent (Re-Opens only)</b>	Date	User ID
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Last Changed User	Karol Johnson	Last Changed Date	03/07/2006 10:35 AM
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Status:	Completed	Assigned To:	Karol Johnson	Created:	03/03/2006 02:47 PM
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## Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

*\*Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Referral Type Medical

Role Nurse Case Manager

Name Kay Rhodes

New Nurse/VRC of Record

### Check all that apply for Medical or Vocational

- Symptoms insufficient to support diagnosis
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- Occupational requirements assessment is needed
- Determine Functional Capacity
- Projected return to work date is unclear or undetermined
- Return to Work Assistance
- Internal Transferable Skills Assessment
- Claim Complexity Changed

Other

Specify Appeal Medical Review  
Other

### Comments

Attorney submitted appeal letter. This letter states that cx remains TD from both parts of the disability definition. Attny stated cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also cited the SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05, most notably medical from 2002. Attorney submitted medical from 2006 that shows, according to attorney, a worsening of cx's condition. However, no mention was ever made concerning the findings of the FCE in correlation to this medical. Attorney did state that the FCE was the only item we utilized in making the determination. Attorney surmised that, based on the therapists report in the FCE, Sedentary was chosen as it was the lowest available on the form. Attny stated that based on the aforementioned information, and that the sum of evidence also indicates Cx is unable to earn more than 80 indexed covered earnings, Cx's claim should be reopened.

Medical submitted is from Dr. Aleiades and Dr. Roach, which is a form completed from both AP's that cites findings on PE, imaging tests, and L/R only one actual medical records submitted, which is an MRI Lumbar Spine dates 07/08/2005, which indicates moderate spinal stenosis L4-L5 and L5-S1.

Referring medical submitted with Appeal to NCM for review.

MDSodders CM

Title Appeal Medical Review

Referral Accepted Yes

Date 03/03/2006

### Comments

3/3/06 Additional medical sent w/appeal letter from attorney. Referred to NCM at this time for review of new medical to assess if there has been a change in cx condition providing a severity of deficits that impact functionality since FCE which

identified functionality. Kay Rhodes, RN, CCM

Additional medical-

7/8/05 L/S MRI-L4, L5 mod stenosis, no nerve root displacement, stable.

1/6/06 Form completed by Dr Roach-provided tx dates from 7/6/00-7/1/05. Documented cx condition-chronic and has to lie down several times daily. State medications have S/E. R/L-sit 20 min cont for 2 hrs, stand 15 minutes for 1 hr, walk 1 block for 1 hr. He can never lift, carry, bend, squat, crawl, climb. He can reach occas and use upper extremity to grasp, push/pull, fine manipulation. He can use feet for repetitive mvmnts. He has mild R/L for heights, being around machinery, otherwise no environmental R/L. He can travel.

1/11/06 Form completed by Dr Alexiades/orthosx-provided tx dates from 5/15/96-7/14/05. Cont pain-various sites-leg, hip, back, numbness associated w/back pain. Exam-SLR-pos, weakness walking on toes, RT lateral hip pain, bursitis. MRI positive for stenosis, degenerative disc disease. Prognosis-poor. Has to lie down .5-2 hrs, x2-3/day. Meds-Vicodin, Feldene, OTC NSAIDS. No side effects reports. R/L-sit 20 min for 2 hrs, stand 15 min for less than 1.5 hrs, walk less than 1 block less than 1 hr. lift/carry-5 lbs occas, never ben, crawl, climb. Can squat, reach-occas. He can use hands for repetitive action for simple grasp, push/pull, fine manip. He can use feet for repetitive mvmnts. He is restricted to mild in heights and being around machinery. He can travel.

#### Investigation Result

##### NCM ASSESSMENT/PLAN

Additional medical provided is insufficient to support a change in severity of deficits that significantly impacts function after the FCE. This is evidenced by the FCE which was performed on 7/25/06 revealing that the cx had functionality at the sedentary level. The VRC identified positions that included the restrictions and limitations for alternating cx position when necessary. The forms that were completed by the APs with the additional medical provided vague responses from both APs with no objective measureable findings for range of motion and neurological deficits. One form from Dr Roach contained many illegible responses. The P/L the forms gave were inconsistent with what the cx tested in capabilities on the FCE on 7/26/05. Discussed with CM and file returned. Kay Rhodes, RN, CCM

Last Changed User	Kay Rhodes	Last Changed Date	03/03/2006 11:29 AM
Status:	Completed	Assigned To:	Kay Rhodes

## Internal Resource Referral

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**\* Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits**

**Title** Appeal Medical Review

**Referral Type** Medical

**Role** Nurse Case Manager Name Kay Rhodes

New Nurse/VRC of Record

### Check all that apply for Medical or Vocational

- Symptoms insufficient to support diagnosis
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- Occupational requirements assessment is needed
- Determine Functional Capacity
- Projected return to work date is unclear or undetermined
- Return to Work Assistance
- Internal Transferable Skills Assessment
- Claim Complexity Changed
- Other

Specify Other Appeal Medical Review

### Comments

Attorney submitted appeal letter. This letter states that cx remains TD from both parts of the disability definition. Attny stated cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also cited the SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05, most notably medical from 2002. Attorney submitted medical from 2006 that shows, according to attorney, a worsening of cx's condition. However, no mention was ever made concerning the findings of the FCE in correlation to this medical. Attorney did state that the FCE was the only item we utilized in making the determination. Attorney surmised that, based on the therapists report in the FCE, Sedentary was chosen as it was the lowest available on the form. Attny stated that based on the aforementioned information, and that the sum of evidence also indicates Cx is unable to earn more than 80 indexed covered earnings, Cx's claim should be reopened.

Medical submitted is from Dr. Aleiades and Dr. Roach, which is a form completed from both AP's that cites findings on PE, imaging tests, and L/R only one actual medical records submitted, which is an MRI Lumbar Spine dates 07/08/2005, which indicates moderate spinal stenosis L4-L5 and L5-S1.

Referring medical submitted with Appeal to NCM for review.

MDSodders CM

Last Changed User	Mark Sodders	Last Changed Date	03/03/2006 08:49 AM
Status:	Completed	Assigned To:	Mark Sodders

## Claim Strategy

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

### Update Rationale

Title	Appeal Medical Received
Update Rationale	Other New Information

### For Walk-up and Nurse Interaction Only

Role	Name
------	------

### For Staffings Only - Indicate Resources Present (check all that apply)

- AMD
- NCM
- VRC
- CBH Specialist
- On-Site Psych
- Network Orthopedist

### Claim Status Information

Status	Closed
Status Reason	Denied, Not TD Own Occ
Reopened Reason	
Second Eye Review	
Required	

<input type="checkbox"/> Second Eye Review	Date	User ID
Complete		

#### Comments

Attorney submitted appeal letter. This letter states that cx remains TD from both parts of the disability definition. Attny stated cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also cited the SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05, most notably medical from 2002. Attorney submitted medical from 2006 that shows, according to attorney, a worsening of cx's condition. However, no mention was ever made concerning the findings of the FCE in correlation to this medical. Attorney did state that the FCE was the only item we utilized in making the determination. Attorney surmised that, based on the therapists report in the FCE, Sedentary was chosen as it was the lowest available on the form. Attny stated that based on the aforementioned information, and that the sum of evidence also indicates Cx is unable to earn more than 80 indexed covered earnings. Cx's claim should be reopened.

Referring Medical submitted with Appeal to NCM for review.

MDSodders CM

### Duration Information

Part Time	Full Time	Red Flag
<input type="checkbox"/> Does Not Exist		
Provider's Estimated RTW Date	Days	0
ERD	ERD Reason	
Primary ICD Code 72252	Primary ICD Description	LUMB/LUMBOSAC DISC DEGEN

### Strategy Documentation

#### Level of Functional Capacity

#### Restrictions & Limitations

#### Subjective / Objective Findings / Treatment

#### Outstanding Issues and Follow-up Dates

#### Strategy

Attorney submitted appeal letter. This letter states that cx remains TD from both parts of the disability definition. Attny stated cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also cited the SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05, most notably medical from 2002. Attorney submitted medical from 2006 that shows, according to attorney, a worsening of cx's condition. However, no mention was ever made concerning the findings of the FCE in correlation to this medical. Attorney did state that the FCE was the only item we utilized in making the determination. Attorney surmised that, based on the therapists report in the FCE, Sedentary was chosen as it was the lowest available on the form. Attny stated that based on the aforementioned information, and that the sum of evidence also indicates Cx is unable to earn more than 80 indexed covered earnings, Cx's claim should be reopened.

Referring Medical submitted with Appeal to NCM for review.

MDSodders CM

Last Changed User	Mark Sodders	Last Changed Date	03/03/2006 08:45 AM
Status:	Completed	Assigned To:	Mark Sodders

**Claimant Contact**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Contact Information**

**First Phone Call**  
 Result Successful Date 09/30/2005 01:11 PM User ID Mark Sodders

**Second Phone Call**  
 Result Date User ID

**Generate Letter/Fax**  
 Date User ID

**Incoming Call**  
 Date User ID

**Mail Received**  
 Date User ID

**Contact Comments**

Called cx at 718-884-2067 to inform of denial and appeal process. Cx stated his understanding, and will wait on denial letter to speak with AP. In addition, cx will be faxing over a written request for his file copy.  
 MDSodders CM

**Interview Documentation****Primary Diagnosis/Symptoms/Co-Morbid Conditions****Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization****Functionality/Job Duties/Set Expectations****Spouse Information**

First Name	MI	Last Name
SSN	Date of Birth	

Is Spouse Employed?	If Employed
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**Date of Birth of Youngest Dependent**

**Other Income Benefits**

**Comments**

Called cx at 718-884-2067 to inform of denial and appeal process. Cx stated his understanding, and will wait on denial letter to speak with AP. In addition, cx will be faxing over a written request for his file copy.  
 MDSodders CM

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	09/30/2005 02:12 PM
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<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders	<b>Created:</b>	09/30/2005 01:16 PM
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**Claim Strategy**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Update Rationale**

Title	Denial Team Staffing
Update Rationale	Staffing

**For Walk-up and Nurse Interaction Only**

Role	Name
------	------

**For Staffings Only - Indicate Resources Present (check all that apply)**

- AMD
- NCM
- VRC
- CBH Specialist
- On-Site Psych
- Network Orthopedist

**Claim Status Information**

Status	Closed
Status Reason	Denied, Not TD Own Occ
Reopened Reason	
Second Eye Review	
Required	

<input type="checkbox"/> Second Eye Review	Date	User ID
Complete		

**Comments**

Staffing. Cx experiences problems secondary to back and neck pain. A Functional Capacity Evaluation shows an ability to operate at a sedentary level occupation. The Transferable Skills Analysis identifies the capacity to perform own occupation. Claim should be denied, not TD OO.  
MDSodders CM

**Duration Information**

Part Time	Full Time	Red Flag
<input type="checkbox"/> Does Not Exist		
Provider's Estimated RTW Date	Days	0
ERD	ERD Reason	
Primary ICD Code	Primary ICD Description	LUMB/LUMBOSAC DISC DEGEN

**Strategy Documentation****Level of Functional****Capacity****Restrictions & Limitations****Subjective / Objective Findings / Treatment****Outstanding Issues and Follow-up Dates****Strategy**

Staffing. Cx experiences problems secondary to back and neck pain. A Functional Capacity Evaluation shows an ability to operate at a sedentary level occupation. The Transferable Skills Analysis identifies the capacity to perform own occupation. Claim should be denied, not TD OO.

MDSodders CM

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<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	09/28/2005 03:13 PM
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<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders	<b>Created:</b>	09/28/2005 03:13 PM
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**Follow-Up Tasks - General Follow-Up**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** f/u TSA**Comment/Instruction**08/08/05 referred  
08/09/05 received

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<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	08/09/2005 03:08 PM
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<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders	<b>Created:</b>	08/08/2005 08:48 AM
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## Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

*\*Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

**Referral Type** Vocational

**Role** Vocational Rehab Counselor **Name** Ginny Schmidt  **New Nurse/VRC of Record**

**Check all that apply for Medical or Vocational**

- Symptoms insufficient to support diagnosis
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- Occupational requirements assessment is needed
- Determine Functional Capacity
- Projected return to work date is unclear or undetermined
- Return to Work Assistance
- Internal Transferable Skills Assessment
- Claim Complexity Changed
- Other **Specify Other**

**Comments**

08/08/05 referring for TSA based on L/R provided by the 07/26/05 FCE. Please note that there is no A/O date. However, Disability is defined as either unable to perform all the material duties of the regular occupation, or an inability to earn more than 80% of the Indexed BME.

As such, if cx's own occ is not identified on the TSA, then the earnings requirement is \$5,172.32 monthly.

MDSodders CM

**Title** TSA Results **Referral Accepted** Yes **Date** 08/09/2005

**Comments**

**Investigation Result**

The TSA has been performed using the sedentary restrictions from the FCE done on 7/26/05 on the claimant, along with his work history of being a Wage and Salary Manager twice in his history, and as an Asst. Director of Human Resources, having a Bachelors Degree in Business Administration/Psychology, and having taken 1 year of classwork in Graduate School for MIS, and the wage requirement of \$5,172.63 a month. Using these criteria, several jobs were indicated for his current abilities, which should allow alternation of physical positions throughout the workday, at his will, including his own job as a Salary and Wages Manager Compensation Manager for the Policyholder. Along with this position, several others were indicated, including management in data processing and computer operations, employee welfare and mediation and credit analysis. See full report in the file. Returning file and report to the CM for review.

<b>Last Changed User</b>	Ginny Schmidt	<b>Last Changed Date</b>	08/09/2005 11:20 AM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Ginny Schmidt

## Internal Resource Referral

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**\* Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits**

Title TSA

Referral Type Vocational

Role Vocational Rehab Counselor Name Ginny Schmidt  New Nurse/VRC of Record

**Check all that apply for Medical or Vocational**

- Symptoms insufficient to support diagnosis
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- Occupational requirements assessment is needed
- Determine Functional Capacity
- Projected return to work date is unclear or undetermined
- Return to Work Assistance
- Internal Transferable Skills Assessment
- Claim Complexity Changed
- Other

Specify Other

**Comments**

08/08/05 referring for TSA based on L/R provided by the 07/26/05 FCE. Please note that there is no A/O date. However, Disability is defined as either unable to perform all the material duties of the regular occupation, or an inability to earn more than 80% of the Indexed BME.

As such, if cx's own occ is not identified on the TSA, then the earnings requirement is \$5,172.32 monthly.

MDSodders CM

Last Changed User	Mark Sodders	Last Changed Date	08/08/2005 09:15 AM
Status:	Completed	Assigned To:	Mark Sodders

**Follow-Up Tasks - General Follow-Up**

<b>Name</b>	STEVEN ALFANO	<b>SSN</b>	099-44-9648	<b>DOB</b>	01/14/1958
<b>Account Name</b>	WEILL MEDICAL COLLEGE OF CORNE	<b>Account #</b>	NYK0001972	<b>Incurred Date</b>	06/06/2000
<b>Claim Manager</b>	Mark Sodders	<b>Incident #</b>	513554	<b>Claim Eff Dt-Status</b>	09/28/2005 - Closed

**Title** f/u FCE report**Comment/Instruction**

06/09/05 referred  
07/26/05 is date of testing  
08/05/05 received

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	08/08/2005 08:44 AM
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<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders	<b>Created:</b>	06/09/2005 01:35 PM
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## Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**\*Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits**

Referral Type Vocational

Role Vocational Rehab Counselor Name Ginny Schmidt  New Nurse/VRC of Record

Check all that apply for Medical or Vocational

- Symptoms insufficient to support diagnosis
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- Occupational requirements assessment is needed
- Determine Functional Capacity
- Projected return to work date is unclear or undetermined
- Return to Work Assistance
- Internal Transferable Skills Assessment
- Claim Complexity Changed
- Other

Specify  
Other

### Comments

referring for 1-day FCE.  
MDsodders CM

Title FCE Scheduling

Referral Accepted Yes Date 06/10/2005

### Comments

File being given to Tiffany to set up 1 day FCE. GS Appt now set for 7/26/05. GS

### Investigation Result

The FCE report has been received. The claimant was found to be able to function at the sedentary level of work, for an 8 hour workday, but it would have to be a position in which he would not have to perform any lifting and carrying of more than negligible amounts, and he will need to be able to change positions while sitting approximately every 10-15 minutes. They were unable to complete the dynamic and static lifting tests, the aerobic testing on the treadmill and much of the other testing due to his complaints of pain and needing to lie down to get relief. He was found to be able to perform fine manipulation, handling, reaching, pushing/pulling, climb stairs, sitting, standing and walking all on an occasional basis, and was unable to climb ladders, stoop, kneel, crouch, crawl, or balance, and had the need to use a cane for ambulation. On a constant basis, he is able to see, hear, talk. They felt he gave a maximum effort during testing, due to his increase in respiration and heart rate during the tests. See full report in the file. Returning file and report to the CM for review.

Last Changed User	Ginny Schmidt	Last Changed Date	08/05/2005 03:38 PM
Status:	Completed	Assigned To:	Ginny Schmidt

**IME and/or FCE**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Exam Type** \* Functional Capacity Evaluation

**ASO Only**

Customer Approved Date  
 First Name Last Name  
 Has claim been reviewed by an AMD?  
**Special Instructions**  
 Cx rescheduled app. old date 7/7/05 new date 7/26/05. TBrown

Vendor Referred Date	06/10/2005	Vendor Acknowledgement Date	06/10/2005
Exam Date	07/26/2005	Claimant Notification Date	06/10/2005

**Independent Medical Examination**

Requested Provider Specialty  
 Provider Specialty  
 IME Rationale  
 Provider First Name      **Specify Other**  
 Provider Last Name

**Functional Capacity Evaluation**

FCE Rationale	Functional Capacity is Unclear	Specify Other			
FCE Duration	1 Day				
Name of Facility	Healthsouth				
City	BRONX	State/Province	NEW YORK	Zip Code	10463
Claimant State of Residence		Prescription as of (if required)			
Report Received Date	08/04/2005				
Did Claimant attend appointment?	Yes				
Outcome	Supports Functionality				

**Vendor Quality Assurance****Customer Service**

1. The ease in using this vendor service is rated as (on a scale of 1 to 5)

Where 1 = Very Difficult and 5 = Very Easy

**Impact**

2. Impact/usefulness of the Vendor Service (on a scale of 1 to 5) \* 3

Where 1 = No Impact and 5 = Strong Impact

Professionalism

3. Professional Delivery and Quality of Vendor Service (on a scale of 1 - 3 to 5)\*

Where 1 = Least Professional and 5 = Most Professional

Follow-up Required

4. Was an Addendum Needed? \* No

Reason for Addendum

Vendor Alert Form

5. Was a Vendor Alert Form submitted on this referral? \* No

Expenses

6. Were vendor fees within contracted fee schedule? \* Yes

Cost \*

\$ 0.00

If No, provide rationale for additional costs

Comments

Last Changed User	Tiffany Brown	Last Changed Date	08/04/2005 02:47 PM
Status:	Completed	Assigned To:	Tiffany Brown

**Claimant Contact**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Contact Information**

<input type="checkbox"/> First Phone Call	Result	Date	User ID
<input type="checkbox"/> Second Phone Call	Result	Date	User ID
<input type="checkbox"/> Generate Letter/Fax	Date	User ID	
<input checked="" type="checkbox"/> Incoming Call	Date	User ID	Mark Sodders
<input type="checkbox"/> Mail Received	Date	User ID	

**Contact Comments**

Cx called about FCE. Wanted to inform me of the date of the FCE, and had question concerning the physical exam language in policy, specifically concerning the word pending. Informed cx that pending in this case refers to, in his specific case, that information was received from his doctor, and then upon request for clarification on this information, his doctor reversed his position. As such, at this junction in his claim for continuing eligibility, clarification on his functionality is warranted. Cx states his understanding.

MDSodders CM

**Interview Documentation****Primary Diagnosis/Symptoms/Co-Morbid Conditions****Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization****Functionality/Job Duties/Set Expectations****Spouse Information**

First Name	MI	Last Name
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SSN	Date of Birth	
-----	---------------	--

Is Spouse Employed?	If Employed
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Date of Birth of Youngest Dependent

Other Income Benefits

**Comments**

Cx called about FCE. Wanted to inform me of the date of the FCE, and had question concerning the physical exam language in policy, specifically concerning the word pending. Informed cx that pending in this case refers to, in his specific case, that information was received from his doctor, and then upon request for clarification on this information, his doctor reversed his position. As such, at this junction in his claim for continuing eligibility, clarification on his functionality is warranted. Cx states his understanding.

MDSodders CM

Last Changed User	Mark Sodders	Last Changed Date	07/05/2005 02:56 PM
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Status:	Completed	Assigned To:	Mark Sodders	Created:	07/05/2005 02:56 PM
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**Claimant Contact**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Contact Information** **First Phone Call**

Result Left Message - With Individual

Date 06/09/2005 12:49 PM User ID Mark Sodders

 **Second Phone Call**

Result

Date User ID

 **Generate Letter/Fax**

Date User ID

 **Incoming Call**

Date User ID

 **Mail Received**

Date User ID

**Contact Comments**

06/09/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding  
MDSodders CM

**Interview Documentation****Primary Diagnosis/Symptoms/Co-Morbid Conditions****Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization****Functionality/Job Duties/Set Expectations****Spouse Information**

First Name MI Last Name

SSN Date of Birth

Is Spouse Employed? If Employed

Date of Birth of Youngest Dependent

Other Income Benefits

**Comments**

06/09/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding  
MDSodders CM

Last Changed User	Mark Sodders	Last Changed Date	06/09/2005 02:07 PM
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Status:	Completed	Assigned To:	Mark Sodders	Created:	06/09/2005 01:55 PM
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**Internal Resource Referral**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

*\* Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Title FCE

Referral Type Vocational

Role Vocational Rehab Counselor Name Ginny Schmidt  New Nurse/VRC of Record

Check all that apply for Medical or Vocational

- Symptoms insufficient to support diagnosis
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- Occupational requirements assessment is needed
- Determine Functional Capacity
- Projected return to work date is unclear or undetermined
- Return to Work Assistance
- Internal Transferable Skills Assessment
- Claim Complexity Changed
- Other

Specify Other

**Comments**

referring for 1-day FCE.

MDsodders CM

Last Changed User	Mark Sodders	Last Changed Date	06/09/2005 01:37 PM
Status:	Completed	Assigned To:	Mark Sodders

## Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** f/u AMD to schedule FCE Dates

**Comment/Instruction**

04/11/05 was to be referred, but sent dots and request to cx to assist in expediting the request. See 04/11/05 phone contact task

04/28/05 FCE postponed until AMD to AP contact has been made.

06/09/05 received claim back from AMD. Refer for FCE

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	06/09/2005 01:35 PM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders

## Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

*\*Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Referral Type Medical

Role Associate Medical Director Name Scott Taylor  New Nurse/VRC of Record

**Check all that apply for Medical or Vocational**

- Symptoms insufficient to support diagnosis
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- Occupational requirements assessment is needed
- Determine Functional Capacity
- Projected return to work date is unclear or undetermined
- Return to Work Assistance
- Internal Transferable Skills Assessment
- Claim Complexity Changed

Other

Specify contact AP  
Other

**Comments**

From 04/27/05 staffing with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal. Updated O/N from 08/01/04 through present obtained.

Dr. Roach's number is 212-746-8127.

MDsodders CM

Title IRR #1

Referral Yes

Date 06/03/2005

Accepted

**Comments**

6/3/05 Title Wage & Salary Mgr. Work Demands Any Occupation. Diagnosis Lumbar spinal stenosis cervical DDD. Incur Date 6/6/2000.

PAA said sedentary. TSA showed transferrable skills for 4 occupations. TSA info sent to Dr but he never answered CM so FCE was ordered. Then Dr changed mind & said Cx could not do any of the 4 occupations found. Says Cx can only work if sits w/o frequent standing, & can lay down as needed & ice. Had hip arthroscopy 4/16/03. No ortho notes since 5/03. Last Internal med notes 1/22/04, however DQ says seen 7/20/04. Agree w/ D2D since to information to support L&Rs.

RECORD REVIEW Medical records reviewed include but are not limited to Lumbar MRI, 6/9/2000 moderate to severe L5-S1 spondylosis w/ impingement L5 nerve root. Progress notes, Dr Keith Roach Internal Medicine, 1/18/02 here for pre-operative evaluation from IM standpoint because to have arthroscopic shoulder surgery. Has had previous rotator cuff repair. PMH severe L5-S1 spinal stenosis. BP 140/104. Impression low risk for planned surgery. Operative report, Michael Alexiades orthopedist, 1/28/02 Right shoulder arthroscopy w/ subacromial decompression, distal claviclelectomy, bursectomy, & lysis of subacromial adhesions. MRI R Hip, 5/23/02 superficial cartilage loss over R joint, acetabular dysplasia, torn hyperplastic degenerated anterior acetabular labrum. Progress notes, Dr Roach, 6/11/02 here for pre-operative evaluation from IM standpoint because to have hip surgery. Old benign tumor of femur compatible w/ chondral lesion. BP 124/84. Still has moderate impingement in shoulder. Impression low risk for planned surgery. Operative report, Michael Alexiades orthopedist, 6/13/02 Left shoulder arthroscopy w/ subacromial decompression & AC joint resection. Progress notes, Dr Roach, 9/27/02 BP 130/90. Using Vicodin pm. No change in bx. IME, Dr David Trotter orthopedist, 12/10/02 support unable to work normal occupation from 12/3/200 until present. Continued on IRR #2.

**Investigation Result**

ASSESSMENT Based upon the medical data available at the time of the review, which includes speaking with the attending internist, the L&Rs of no sitting for prolonged periods of time and the requirement that claimant be allowed frequent positional changes including standing and laying down along with ability to apply ice to the back are not supported as evidenced by absence of clinically measurable tests or documented abnormalities in strength or ROM testing. Clinically measurable tests like an FCE might be helpful in determining functional capacities.

Scott C. Taylor, DO

<b>Last Changed User</b>	Scott Taylor	<b>Last Changed Date</b>	06/09/2005 09:40 AM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Scott Taylor

## Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**\*Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.).**

**Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits**

**Referral Type** Medical

**Role** Associate Medical Director **Name** Scott Taylor  **New Nurse/VRC of Record**

### Check all that apply for Medical or Vocational

- Symptoms insufficient to support diagnosis
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- Occupational requirements assessment is needed
- Determine Functional Capacity
- Projected return to work date is unclear or undetermined
- Return to Work Assistance
- Internal Transferable Skills Assessment
- Claim Complexity Changed

Other **Specify** continue IRR #1 comments  
Other

### Comments

Insufficient space on IRR #1. Please complete on IRR #2.

Scott C. Taylor, DO

**Title** IRR #2

**Referral Accepted** Yes **Date** 06/09/2005

### Comments

Continued from IRR #1.....  
Operative report, Dr Alexiades, 4/16/03 R hip arthroplasty & labrectomy. Cx had inverted labral tear. Anterior & posterior labrum removed in entirety. Progress notes, Dr Roach, 5/21/03 surgery for hip went well. Considering surgery for back. BP 130/90. Progress notes, Dr Roach, 9/22/03 BP 110/80. Given Oxycontin for C5 stenosis. Progress notes, Dr Dempsey Springfield Internal Medicine, 1/22/04 remains asymptomatic. No change in proximal femur lesion. RTC 1 year. Progress notes, Dr Roach, 9/10/04 ran out of OxyContin. BP 140/100, 126/96. c/o neck pain & stiffness. Using Lisinopril & Zestril. d/c Zestril. Get x-rays of neck. Cervical X-rays, 9/14/04 DDD with space narrowing & osteophytes at C6-7. L foraminal narrowing secondary to osteophyte formation. Physical Ability Assessment form, Dr. Roach, 10/20/04 Occasional sitting, standing, walking, lift/carry up to 10 pounds, push/pull up to 10 pounds, climbing. Supplementary Claim Disability Benefits Form, Dr. Roach, 11/30/04 Class 5 Physical limitations incapable of sedentary activity. Transferable Skills Analysis, 12/2/04 used PAA as basis. Several jobs found. Letter from Dr Roach, 4/19/05 Cxs disability is not able to sit for prolonged periods of time. Unable to sit without frequent positional changes including standing and laying down. He must also be able to ice back. See Provider Contact Task.

### Investigation Result

ASSESSMENT Based upon the medical data available at the time of the review, which includes speaking with the attending internist, the L&Rs of no sitting for prolonged periods of time and the requirement that claimant be allowed frequent positional changes including standing and laying down along with ability to apply ice to the back are not supported as evidenced by absence of clinically measurable tests or documented abnormalities in strength or ROM testing. Clinically measurable tests like an FCE might be helpful in determining functional capacities.

Scott C. Taylor, DO

<b>Last Changed User</b>	Scott Taylor	<b>Last Changed Date</b>	06/09/2005 09:40 AM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Scott Taylor

**Internal Resource Referral**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

*\* Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Title IRR #2

Referral Type Medical

Role Associate Medical Director Name Scott Taylor

 New Nurse/VRC of Record

Check all that apply for Medical or Vocational

- Symptoms insufficient to support diagnosis
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- Occupational requirements assessment is needed
- Determine Functional Capacity
- Projected return to work date is unclear or undetermined
- Return to Work Assistance
- Internal Transferable Skills Assessment
- Claim Complexity Changed
- Other

Specify Other continue IRR #1 comments

**Comments**

Insufficient space on IRR #1. Please complete on IRR #2.

Scott C. Taylor, DO

Last Changed User	Scott Taylor	Last Changed Date	06/09/2005 09:38 AM
Status:	Completed	Assigned To:	Scott Taylor

## Provider Contact

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

### Contact Information

#### Title Dr Roach

<input checked="" type="checkbox"/> First Phone Call	Result Left Message - With Individual	Date 06/07/2005 07:42 AM	User Scott Taylor
<input checked="" type="checkbox"/> Second Phone Call	Result Successful	Date 06/09/2005 08:26 AM	User Scott Taylor
<input type="checkbox"/> Generate Letter/Fax	Date		User
<input type="checkbox"/> Burden of Proof Letter Sent	Date		User
<input type="checkbox"/> Incoming Call	Date		User
<input type="checkbox"/> Mail Received	Date		User

#### Contact Comments:

6/6/05 1250 CST. 1st call to Dr Keith Roach Internal Medicine at 212-746-9663. Carmen says Dr not back in office until 6/7/05. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/7/05 1520 CST. 2nd call to Dr Roach. Carmen says Dr is in office. She paged but Dr did not answer. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/8/05 0720 CST. Listened to VM message from Dr Roach from 1537 CST, 6/7/05. Will be available 6/8/05. Call 212-746-2879. 6/8/05 1215 CST. 3rd call to Dr Roach at 212-746-2879. Number busy. Attempted call to 212-746-9663. Was also busy. 6/8/05 1455 CST. Another call to Dr Roach at 212-746-2879. Carmen says Dr currently w/ a patient. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/8/05 1505 CST. Dr Roach called. Says the difference between the PAA & letter was due to misinterpretation of what the form meant. Dr says that over an entire work day the claimant could probably work 3-4 hours collectively, however could not sit continuously more than 30 minutes at a time and then change to some other activity like standing, walking, etc. He also says that the claimant would have to be able to periodically lay down to take downward pressure off the back at least 15 minutes, 3-4X per day. Dr says the L&Rs are principally based upon what the claimant tells him, however some is based upon what the Dr has observed during exams. Dr says claimant has difficulty sitting continuously during an office visit & he has observed claimant changing body positions, standing, etc during visits. Dr says the limiting condition is the back. The hip is not impairing. Dr said that if claimant returns to work, there needs to be a gradual transition. Dr recommends should be limited to no more than 4 hours total work time then increased as tolerated. Dr said that in his opinion FCE there is no reason an FCE could not be done & he felt it would give more specific functionality guidelines.

### Interview Documentation

Provider First Name	KEITH	Provider Last Name	ROACH	Provider Specialty	Internist
Contact First Name		Contact Last Name		Contact Role	
Primary ICD Code		Primary ICD Description			
Comments					
Secondary ICD Code		Secondary ICD Description			
Comments					
ICD Code 3		ICD Code 3 Description			
Comments					
ICD Code 4		ICD Code 4 Description			
Comments					
ICD Code 5		ICD Code 5 Description			

## Comments

Objective Findings

- Physical Exam Findings
- Test Results
- Provider Observations

## Comments

Treatment Information

Medication (1)	Dosage (1)	Frequency (1)
Medication (2)	Dosage (2)	Frequency (2)
Medication (3)	Dosage (3)	Frequency (3)
Medication (4)	Dosage (4)	Frequency (4)
Medication (5)	Dosage (5)	Frequency (5)

## Current Treatment Plan/Provider's Estimated RTW date

## Treatment Frequency

## Future Treatment Plan

- Copy to Med/Voc Folder Date of Surgery Type of Surgery
- Copy to Med/Voc Folder Date of Surgery Type of Surgery
- Copy to Med/Voc Folder Date of Surgery Type of Surgery

## Comments

## Last Office Visit

## Next Office Visit

Functionality Job/Occ Requirements and RTW

## Claimant Job/Occ Requirements and Expected Duration

## Additional Information

Referral Information

First Name	Last Name
Specialty	Provider Referral Date
Number	Ext.
Remarks	
First Name	Last Name
Specialty	Provider Referral Date
Number	Ext.
Remarks	
First Name	Last Name
Specialty	Provider Referral Date
Number	Ext.
Remarks	

Last Changed User	Scott Taylor	Last Changed Date	06/09/2005 09:32 AM
Status:	Completed	Assigned To:	Scott Taylor

**Internal Resource Referral**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

\* *Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Title AMD to contact AP

Referral Type Medical

Role Associate Medical Director Name Scott Taylor  New Nurse/VRC of Record

**Check all that apply for Medical or Vocational**

- Symptoms insufficient to support diagnosis
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- Occupational requirements assessment is needed
- Determine Functional Capacity
- Projected return to work date is unclear or undetermined
- Return to Work Assistance
- Internal Transferable Skills Assessment
- Claim Complexity Changed
- Other

Specify Other contact AP

**Comments**

From 04/27/05 staffing with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal. Updated O/N from 08/01/04 through present obtained. Dr. Roach's number is 212-746-8127.  
MDsodders CM

Last Changed User	Mark Sodders	Last Changed Date	06/01/2005 11:24 AM
Status:	Completed	Assigned To:	Mark Sodders

**Follow-Up Tasks - Medical Request**

<b>Name</b>	STEVEN ALFANO	<b>SSN</b>	099-44-9648	<b>DOB</b>	01/14/1958
<b>Account Name</b>	WEILL MEDICAL COLLEGE OF CORNE	<b>Account #</b>	NYK0001972	<b>Incurred Date</b>	06/06/2000
<b>Claim Manager</b>	Mark Sodders	<b>Incident #</b>	513554	<b>Claim Eff Dt-Status</b>	09/28/2005 - Closed

**Title** f/u O/N**Comment/Instruction**

04/28/05 requested from Dr. Roach, from 08/01/04 through present.  
 Phone is 212-746-2879 fax is 212-746-8127.  
 See 04/28/05 claim strategy AMD staffing task. Refer to AMD to contact AP.  
 05/16/05 2nd requested today  
 06/01/05 received today

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	06/01/2005 11:19 AM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders

**Claim Strategy**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Update Rationale**

Title	AMD Staffing
Update Rationale	Other New Information

**For Walk-up and Nurse Interaction Only**

Role	Name
------	------

**For Staffings Only - Indicate Resources Present (check all that apply)**

- AMD
- NCM
- VRC
- CBH Specialist
- On-Site Psych
- Network Orthopedist

**Claim Status Information**

Status	Active
Status Reason	Own Occ - Receiving Payments
Reopened Reason	
Second Eye Review Required	

<input type="checkbox"/> Second Eye Review Complete	Date	User ID
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**Comments**

04/27/05 staffed claim with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal, after CM obtains updated O/N from 08/01/04 through present. MDsodders CM

**Duration Information**

Part Time	Full Time	Red Flag
<input type="checkbox"/> Does Not Exist		
Provider's Estimated RTW Date	Days	0
ERD	ERD Reason	
Primary ICD Code	Primary ICD Description	LUMB/LUMBOSAC DISC DEGEN

**Strategy Documentation****Level of Functional Capacity****Restrictions & Limitations****Subjective / Objective Findings / Treatment****Outstanding Issues and Follow-up Dates****Strategy**

04/27/05 staffed claim with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal, after CM obtains updated O/N from 08/01/04 through present. MDsodders CM

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	04/28/2005 10:20 AM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders

**Created:** 04/28/2005 10:19 AM

## Claimant Contact

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

### Contact Information

<input checked="" type="checkbox"/> First Phone Call	Result	Successful	Date	04/11/2005 02:40 PM	User ID	Mark Sodders
<input type="checkbox"/> Second Phone Call	Result		Date		User ID	
<input type="checkbox"/> Generate Letter/Fax			Date		User ID	
<input type="checkbox"/> Incoming Call			Date		User ID	
<input type="checkbox"/> Mail Received			Date		User ID	

### Contact Comments

04/11/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding, but insisted that he would have his doctor respond. Cx asked for the information to be sent to him so he can expedite our request. Informed cx that I will fax the information over and is to the same number.

### Interview Documentation

Primary Diagnosis/Symptoms/Co-Morbid Conditions  
 Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization  
 Functionality/Job Duties/Set Expectations

### Spouse Information

First Name	MI	Last Name
SSN	Date of Birth	

Is Spouse Employed? If Employed

Date of Birth of Youngest Dependent

Other Income Benefits

Comments

04/11/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding, but insisted that he would have his doctor respond. Cx asked for the information to be sent to him so he can expedite our request. Informed cx that I will fax the information over and is to the same number.

Last Changed User	Mark Sodders	Last Changed Date	04/11/2005 03:52 PM
Status:	Completed	Assigned To:	Mark Sodders
		Created:	04/11/2005 03:51 PM

## Follow-Up Tasks - Medical Request

<b>Name</b>	STEVEN ALFANO	<b>SSN</b>	099-44-9648	<b>DOB</b>	01/14/1958
<b>Account Name</b>	WEILL MEDICAL COLLEGE OF CORNE	<b>Account #</b>	NYK0001972	<b>Incurred Date</b>	06/06/2000
<b>Claim Manager</b>	Mark Sodders	<b>Incident #</b>	513554	<b>Claim Eff Dt-Status</b>	09/28/2005 - Closed

**Title** f/u AP review of DOT

### Comment/Instruction

01/20/05 sent via certified mail

02/01/05 received certified receipt back signed for by Dr. Roach's office on 01/27/05

03/04/05 called Dr. Roach's office at 212-746-2879 to f/u on our request. Number Busy. Faxing a second request.

03/28/05 1300 called Dr. Roach's office to f/u on our request. On hold 15 minutes with no pick-up. Terminated call.

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	03/28/2005 02:10 PM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders

**Follow-Up Tasks - General Follow-Up**

<b>Name</b>	STEVEN ALFANO	<b>SSN</b>	099-44-9648	<b>DOB</b>	01/14/1958
<b>Account Name</b>	WEILL MEDICAL COLLEGE OF CORNE	<b>Account #</b>	NYK0001972	<b>Incurred Date</b>	06/06/2000
<b>Claim Manager</b>	Mark Sodders	<b>Incident #</b>	513554	<b>Claim Eff Dt-Status</b>	09/28/2005 - Closed

**Title** Issue check TODAY set rep pay**Comment/Instruction**

Set rep pay for total net of 2125.32

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	12/22/2004 11:18 AM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders

**Follow-Up Tasks - General Follow-Up**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** f/u TSA**Comment/Instruction**

12/02/04 referred. Send DOT's to AP for comment  
12/17/04 received today

Last Changed User	Mark Sodders	Last Changed Date	12/20/2004 08:31 AM
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Status:	Completed	Assigned To:	Mark Sodders	Created:	12/02/2004 10:02 AM
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## Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513564	Claim Eff Dt-Status	09/28/2005 - Closed

**\*Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits**

Referral Type: Vocational  
 Role: Vocational Rehab Counselor Name: Holly Jule  New Nurse/VRC of Record

### Check all that apply for Medical or Vocational

- Symptoms insufficient to support diagnosis
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- Occupational requirements assessment is needed
- Determine Functional Capacity
- Projected return to work date is unclear or undetermined
- Return to Work Assistance
- Internal Transferable Skills Assessment
- Claim Complexity Changed

Other **Specify Other**

### Comments

12/02/04 referring for formal TSA. Exploratory TSA located occs, and need to send results of TSA to AP for comment on cx's abilities.

Wage Requirement is \$4,986.57 Monthly.

### Title

Referral: Yes Date: 12/13/2004  
 Accepted:

### Comments

Results of exploratory TSA discussed w/ VRC. Four sedentary occupations, including Cx's own occupation, were agreed as appropriate to send to AP for comment. All meet target wage and all allow for ability to get up and move about, alternate sit, stand and walk at the employee's discretion. It is also noted that cx's job allowed for alternating positions- see job requirements in claim file. HJ

### Investigation Result

DOT's for the following occupations were selected for the exploratory TSA in order to consult with the AP for comment on Cx's ability to perform them. Personnel Manager, DOT#166.117-018, Employment manager DOT#166.167-030, Employment Agency Manager, DOT#187.167-098 and Department Manager, DOT#189.167-022. Returning file with occupational descriptions to CM. HJ

Last Changed User	Holly Jule	Last Changed Date	12/13/2004 03:46 PM
Status:	Completed	Assigned To:	Holly Jule

**Internal Resource Referral**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

*\* Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

**Title****Referral Type** Vocational**Role** Vocational Rehab Counselor **Name** Holly Jule  **New Nurse/VRC of Record****Check all that apply for Medical or Vocational**

- Symptoms insufficient to support diagnosis**
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis**
- Occupational requirements assessment is needed**
- Determine Functional Capacity**
- Projected return to work date is unclear or undetermined**
- Return to Work Assistance**
- Internal Transferable Skills Assessment**
- Claim Complexity Changed**
- Other** **Specify Other**

**Comments**

12/02/04 referring for formal TSA. Exploratory TSA located occs, and need to send results of TSA to AP for comment on cx's abilities.

Wage Requirement is \$4,986.57 Monthly.

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	12/02/2004 09:53 AM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders

**Follow-Up Tasks - Medical Request**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** f/u APS**Comment/Instruction**

sent on 11/09/04  
2nd Request sent on 11/30/04  
11/30/04 received today

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	12/01/2004 12:47 PM
Status:	Completed	Assigned To:	Mark Sodders

**Created:** 11/09/2004 11:54 AM

**Follow-Up Tasks - General Follow-Up**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** f/u exp TSA

**Comment/Instruction**

referred on 11/09/04  
11/19/04 received today. Waiting on APS for COD.

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	11/19/2004 11:05 AM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders
			<b>Created:</b> 11/09/2004 11:51 AM

## Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

*\*Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Referral Type Vocational

Role Vocational Rehab Counselor Name Rosemary Jenkins  New Nurse/VRC of Record

**Check all that apply for Medical or Vocational**

- Symptoms insufficient to support diagnosis
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- Occupational requirements assessment is needed
- Determine Functional Capacity
- Projected return to work date is unclear or undetermined
- Return to Work Assistance
- Internal Transferable Skills Assessment
- Claim Complexity Changed
- Other

Specify  
Other

**Comments**

based on 11/03/04 staffing with NCM, need to run exploratory TSA based on AP's PAA dated 10/20/04. Wage requirement is .80 of indexed covered earnings, which totals 4,986.57 monthly, 59,838.84 yearly.

MDSodders CM

**Title**

Referral Yes Date 11/18/2004  
Accepted

**Comments**

**Investigation Result**

Exploratory TSA

An exploratory TSA was conducted using the PAA dated 10/20/04 and collective information from cx's DQ & JD. Using the OASYS edition, 9 occ were identified as potential transf skills 4 are within the Professional and Kindred industry 4 within any industry and 1 within the Government industry. The annual wages as per year 2000 labor statistics ranged from \$77,000.00 to \$123,000.00.

Last Changed User	Rosemary Jenkins	Last Changed Date	11/18/2004 06:40 PM
Status:	Completed	Assigned To:	Rosemary Jenkins

## Follow-Up Tasks - Medical Request

<b>Name</b>	STEVEN ALFANO	<b>SSN</b>	099-44-9648	<b>DOB</b>	01/14/1958
<b>Account Name</b>	WEILL MEDICAL COLLEGE OF CORNE	<b>Account #</b>	NYK0001972	<b>Incurred Date</b>	06/06/2000
<b>Claim Manager</b>	Mark Sodders	<b>Incident #</b>	513554	<b>Claim Eff Dt-Status</b>	09/28/2005 - Closed

**Title** f/u med req

**Comment/Instruction**

08/19/04 requested

Keith Roach, M.D. 212-746-2879 received O/N. no PAA as of 08/30/04

Michael Alexiades 212-734-1288 LOV was 05/22/2003. Had another one scheduled, but no showed.

09/14/04 2nd requested PAA from Dr. Roach.

10/15/04 Called Dr. Roach's office to f/u on the PAA. on Hold 15 minutes as of second try. the first attempt rang 25 times with no answer. Sending 2nd req for PAA.

Staff claim without PAA if no receipt.

10/20/04 received paa today

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	10/25/2004 01:43 PM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders

### Follow-Up Tasks - General Follow-Up

<b>Name</b>	STEVEN ALFANO	<b>SSN</b>	099-44-9648	<b>DOB</b>	01/14/1958
<b>Account Name</b>	WEILL MEDICAL COLLEGE OF CORNE	<b>Account #</b>	NYK0001972	<b>Incurred Date</b>	06/06/2000
<b>Claim Manager</b>	Mark Sodders		<b>Incident #</b>	513554	<b>Claim Eff Dt-Status</b>
					09/28/2005 - Closed

**Title** f/u on DQ

**Comment/Instruction**

Once we get DQ, consider doing surveillance. RAC SCM  
08/19/04 dq recived. hold on surv option until med recs come in  
MDSodders CM

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	08/19/2004 09:46 AM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders

**Follow-Up Tasks - General Follow-Up**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Title** 057 - CURRENT REPETITIVE PAY CYCLE ENDS NEXT PAYMENT**Comment/Instruction**

057 - CURRENT REPETITIVE PAY CYCLE ENDS NEXT PAYMENT

<b>Last Changed User</b>	Robert Castellon	<b>Last Changed Date</b>	06/02/2004 12:10 PM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Robert Castellon

**Follow-Up Tasks - General Follow-Up**

<b>Name</b>	STEVEN ALFANO	<b>SSN</b>	099-44-9648	<b>DOB</b>	01/14/1958	
<b>Account Name</b>	WEILL MEDICAL COLLEGE OF CORNE	<b>Account #</b>	NYK0001972	<b>Incurred Date</b>	06/06/2000	
<b>Claim Manager</b>	Mark Sodders		<b>Incident #</b>	513554	<b>Claim Eff Dt-Status</b>	09/28/2005 - Closed

**Title** Request new meds**Comment/Instruction**

also we need to issue check re cola adj.

<b>Last Changed User</b>	Robert Castellon	<b>Last Changed Date</b>	04/23/2004 02:43 PM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Robert Castellon

## Internal Resource Referral

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005- Closed

\* Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits

### Title

Referral Type: Vocational

Role: Vocational Rehab Counselor Name: Rosemary Jenkins  New Nurse/VRC of Record

### Check all that apply for Medical or Vocational

- Symptoms insufficient to support diagnosis
- Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- Occupational requirements assessment is needed
- Determine Functional Capacity
- Projected return to work date is unclear or undetermined
- Return to Work Assistance
- Internal Transferable Skills Assessment
- Claim Complexity Changed
- Other Specify Other

### Comments

based on 11/03/04 staffing with NCM, need to run exploratory TSA based on AP's PAA dated 10/20/04. Wage requirement is .80 of indexed covered earnings, which totals 4,986.57 monthly, 59,838.84 yearly.

MDSodders CM

Last Changed User	Mark Sodders	Last Changed Date	11/10/2004 09:12 AM
Status:	Completed	Assigned To:	Mark Sodders

**Claim Strategy**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Update Rationale**

**Title**  
**Update Rationale** Staffing

**For Walk-up and Nurse Interaction Only**

**Role** Nurse Case Manager **Name** Susan Fred

**For Staffings Only - Indicate Resources Present (check all that apply)**

- AMD
- NCM
- VRC
- CBH Specialist
- On-Site Psych
- Network Orthopedist

**Claim Status Information**

**Status** Active  
**Status Reason** Own Occ - Receiving Payments

**Reopened Reason**

**Second Eye Review**  
**Required**

**Second Eye Review** **Date** **User ID**  
**Complete**

**Comments**

11/03/04 staffed claim with NCM. Based on review of current medical, and PAA, run exploratory TSA on L/R provided. Concurrently, send APS to CX for COD, LOV. If TSA positive, send to AP for comments.  
 MDSodders CM

**Duration Information**

<b>Part Time</b>	<b>Full Time</b>	<b>Red Flag</b>
<input type="checkbox"/> <b>Does Not Exist</b>		
<b>Provider's Estimated RTW Date</b>	<b>Days</b>	0
<b>ERD</b>	<b>ERD Reason</b>	
<b>Primary ICD Code</b>	<b>Primary ICD Description</b>	LUMB/LUMBOSAC DISC DEGEN

**Strategy Documentation****Level of Functional Capacity****Restrictions & Limitations****Subjective / Objective Findings / Treatment****Outstanding Issues and Follow-up Dates****Strategy**

11/03/04 staffed claim with NCM. Based on review of current medical, and PAA, run exploratory TSA on L/R provided. Concurrently, send APS to CX for COD, LOV. If TSA positive, send to AP for comments.  
MDSodders CM

<b>Last Changed User</b>	Mark Sodders	<b>Last Changed Date</b>	11/09/2004 11:51 AM
<b>Status:</b>	Completed	<b>Assigned To:</b>	Mark Sodders

**Claim Reassignment**

<b>Name</b>	STEVEN ALFANO	<b>SSN</b>	099-44-9648	<b>DOB</b>	01/14/1958		
<b>Account Name</b>	WEILL MEDICAL COLLEGE OF CORNE	<b>Account #</b>	NYK0001972	<b>Incurred Date</b>	06/06/2000		
<b>Claim Manager</b>	Mark Sodders		<b>Incident #</b>	513554	<b>Claim Eff Dt-Status</b>		
				09/28/2005 - Closed			
<b>Team Name</b>	D-SAM Recert		<b>Claim Manager Name</b>	Mark Sodders			
<b>Claim Office</b>							
<b>Comments</b>							
<b>Last Changed User</b>	Sandra Scott		<b>Last Changed Date</b>	08/26/2004 10:48 AM			
<b>Status:</b>	Completed	<b>Assigned To:</b>	Sandra Scott	<b>Created:</b>	08/26/2004 10:48 AM		

**Claim Reassignment**

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958		
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000		
Claim Manager	Mark Sodders		Incident #	513554	Claim Eff Dt-Status		
					09/28/2005 - Closed		
Team Name	D-Castellon		Claim Manager Name	Sandra Scott			
Claim Office							
Comments							
Last Changed User	Sandra Scott	Last Changed Date	08/25/2004 02:53 PM				
Status:	Completed	Assigned To:	Sandra Scott	Created:	08/25/2004 02:53 PM		

**Claim Reassignment**

<b>Name</b>	STEVEN ALFANO	<b>SSN</b>	099-44-9648	<b>DOB</b>	01/14/1958		
<b>Account Name</b>	WEILL MEDICAL COLLEGE OF CORNE	<b>Account #</b>	NYK0001972	<b>Incurred Date</b>	06/06/2000		
<b>Claim Manager</b>	Mark Sodders		<b>Incident #</b>	513554	<b>Claim Eff Dt-Status</b>		
				09/28/2005 - Closed			
<b>Team Name</b>	D-SAM Recert		<b>Claim Manager Name</b>	Mark Sodders			
<b>Claim Office</b>	Dallas						
<b>Comments</b>							
<b>Last Changed User</b>	Sandra Scott	<b>Last Changed Date</b>	08/19/2004 09:07 AM				
<b>Status:</b>	Completed	<b>Assigned To:</b>	Sandra Scott	<b>Created:</b>	08/17/2004 10:09 AM		

**Folder: Current Case Plan**

<input type="checkbox"/> Details	<input type="checkbox"/> Logs (0)																																																																														
<table border="1"> <tr> <td>Name</td> <td>STEVEN ALFANO</td> <td>SSN</td> <td>099-44-9648</td> <td>DOB</td> <td>01/14/1958</td> </tr> <tr> <td>Account Name</td> <td>WEILL MEDICAL COLLEGE OF CORNE</td> <td>Account #</td> <td>NYK0001972</td> <td>Incurred Date</td> <td>06/06/2000</td> </tr> <tr> <td>Claim Manager</td> <td>Mark Sodders</td> <td>Incident #</td> <td>513554</td> <td>Claim Eff Dt/Status</td> <td>09/28/2005 - Closed</td> </tr> <tr> <td colspan="6"> <input type="button" value="Hide Details..."/> </td> </tr> <tr> <td><input type="checkbox"/> Claim Strategy</td> <td colspan="2">09/28/2005 3:13:50 PM</td> <td>a66816</td> <td colspan="2">Top</td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Claim Status Comments         </td> </tr> <tr> <td colspan="6"> <p>Staffing. Cx experiences problems secondary to back and neck pain. A Functional Capacity Evaluation shows an ability to operate at a sedentary level occupation. The Transferable Skills Analysis identifies the capacity to perform own occupation. Claim should be denied, not TD OO.</p> <p>MDSodders CM</p> </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Level of Functional Capacity         </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> With Restrictions         </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Restrictions and Limitations         </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Subjective/Objective Findings/Treatment         </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Outstanding Issues and Follow-up Dates         </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Strategy         </td> </tr> </table>		Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958	Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000	Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt/Status	09/28/2005 - Closed	<input type="button" value="Hide Details..."/>						<input type="checkbox"/> Claim Strategy	09/28/2005 3:13:50 PM		a66816	Top		<input type="checkbox"/> Claim Status Comments						<p>Staffing. Cx experiences problems secondary to back and neck pain. A Functional Capacity Evaluation shows an ability to operate at a sedentary level occupation. The Transferable Skills Analysis identifies the capacity to perform own occupation. Claim should be denied, not TD OO.</p> <p>MDSodders CM</p>						<input type="checkbox"/> Level of Functional Capacity						<input type="checkbox"/> With Restrictions						<input type="checkbox"/> Restrictions and Limitations						<input type="checkbox"/> Subjective/Objective Findings/Treatment						<input type="checkbox"/> Outstanding Issues and Follow-up Dates						<input type="checkbox"/> Strategy					
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MDSodders CM

Internal Resource Response	08/09/2005 11:20:27 AM	glschm	Top
Referral Resource Role	Vocational Rehab Counselor		
Referral Resource Name	Ginny Schmidt		
Initiator Comments			

08/08/05 referring for TSA based on L/R provided by the 07/26/05 FCE. Please note that there is no A/O date. However, Disability is defined as either unable to perform all the material duties of the regular occupation, or an inability to earn more than 80% of the Indexed BME.

As such, if CX's own occ is not identified on the TSA, then the earnings requirement is \$5,172.32 monthly.

MDSodders CM	Referral Comments
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#### Investigation Result

The TSA has been performed using the sedentary restrictions from the FCE done on 7/26/05 on the claimant, along with his work history of being a Wage and Salary Manager twice in his history, and as an Asst. Director of Human Resources, having a Bachelor's Degree in Business Administration/Psychology, and having taken 1 year of Classwork in Graduate School for MIS, and the wage requirement of \$5,172.63 a month. Using these criteria, several jobs were indicated for his current abilities, which should allow alternation of physical positions throughout the workday, at his will, including his own job as a Salary and Wages Manager Compensation Manager for the Policyholder. Along with this position, several others were indicated, including management in data processing and computer operations, employee welfare and mediation and credit analysis. See full report in the file. Returning file and report to the CM for review.

Internal Resource Response	08/05/2005 3:38:57 PM	glschm	Top
Referral Comments			

Referral Resource Role	Vocational Rehab Counselor
Referral Resource Name	Ginny Schmidt
Initiator Comments	referring for 1-day FCE. MDSodders CM
Referral Comments	File being given to Tiffany to set up 1 day FCE. GS Appt now set for 7/26/05. GS
Investigation Result	<p>The FCE report has been received. The claimant was found to be able to function at the sedentary level of work, for and 8 hour workday, but it would have to be a position in which he would not have to perform any lifting and carrying of more than negligible amounts, and he will need to be able to change positions while sitting approximately every 10-15 minutes. They were unable to complete the dynamic and static lifting tests, the aerobic testing on the treadmill and much of the other testing due to his complaints of pain and needing to lie down to get relief. He was found to be able to perform fine manipulation, handling, reaching, pushing/pulling, climb stairs, sitting, standing and walking all on an occasional basis, and was unable to climb ladders, stoop, kneel, crouch, crawl, or balance, and had the need to use a cane for ambulation. On a constant basis, he is able to see, hear, talk. They felt he gave a maximum effort during testing, due to his increase in respiration and heart rate during the tests. See full report in the file. Returning file and report to the CM for review.</p>
Claimant Contact	07/05/2005 2:56:22 PM a66816
Primary Diagnosis/Symptoms/Co-Morbid Conditions	
Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization	
Functionality/Job Duties/Set Expectations	

## Other Income Benefits

## Overall Comments

Cx called about FCE. Wanted to inform me of the date of the FCE, and had question concerning the physical exam language in policy, specifically concerning the word pending. Informed cx that pending in this case refers to, in his specific case, that information was received from his doctor, and then upon request for clarification on this information, his doctor reversed his position. As such, at this juncture in his claim for continuing eligibility, clarification on his functionality is warranted. Cx states his understanding.

MDSodders CM

## Claimant Contact

06/09/2005 2:07:58 PM  
a66816  
LeP

## Primary Diagnosis/Symptoms/Co-Morbid Conditions

## Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization

## Functionality/Job Duties/Sel Expectations

## Other Income Benefits

## Overall Comments

06/09/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding MDSodders CM	Internal Resource Response Referral Resource Role Referral Resource Name Initiator Comments	06/09/2005 9:40:35 AM Associate Medical Director Scott Taylor	b91996 Ter
From 04/27/05 staffing with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal. Updated O/N from 08/01/04 through present obtained. Dr. Roach's number is 212-746-8127. MDSodders CM	6/3/05 Title Wage & Salary Mgr. Work Demands Any Occupation. Diagnosis Lumbar spinal stenosis cervical DDD. Incur Date 6/6/2000. PAA showed transferable skills for 4 occupations. TSA info sent to Dr but he never answered CM so FCE was ordered. Then Dr changed mind & said Cx could not do any of the 4 occupations found. Says Cx can only work if sits w/o frequent standing, & can lay down as needed & ice. Had hip arthroscopy 4/16/03. No ortho notes since 5/03. Last Internal med notes 1/22/04, however DQ says seen 7/20/04. Agree w/ D2D since to information to support L&RB.	6/3/05 Title Wage & Salary Mgr. Work Demands Any Occupation. Diagnosis Lumbar spinal stenosis cervical DDD. Incur Date 6/6/2000. PAA showed transferable skills for 4 occupations. TSA info sent to Dr but he never answered CM so FCE was ordered. Then Dr changed mind & said Cx could not do any of the 4 occupations found. Says Cx can only work if sits w/o frequent standing, & can lay down as needed & ice. Had hip arthroscopy 4/16/03. No ortho notes since 5/03. Last Internal med notes 1/22/04, however DQ says seen 7/20/04. Agree w/ D2D since to information to support L&RB.	RECORD REVIEW Medical records reviewed include but are not limited to Lumbar MRI, 6/9/2000 moderate to severe L5-S1 spondylosis w/ impingement L5 nerve root. Progress notes, Dr Keith Roach Internal Medicine, 1/18/02 here for pre-operative evaluation from IM standpoint because to have arthroscopic shoulder surgery. Has had previous rotator cuff repair. PMH severe L5-S1 spinal stenosis. BP 140/104. Impression low risk for planned surgery. Operative report, Michael Alexiades Orthopedist, 1/28/02 Right shoulder arthroscopy w/ subacromial decompression, distal claviclelectomy, bursectomy, & lysis of subacromial adhesions. MRI R Hip, 5/23/02 superficial cartilage loss over R joint, acetabular dysplasia, torn hyperplastic degenerated anterior acetabular labrum. Progress notes, Dr Roach, 6/11/02 here for pre-operative evaluation from IM standpoint because to have hip surgery. Old benign tumor of femur compatible w/ chondral lesion. BP 124/84. Still has moderate impingement in shoulder. Impression low risk for planned surgery. Operative report, Michael Alexiades Orthopedist, 6/13/02 Left shoulder arthroscopy w/ subacromial decompression & AC joint resection. Progress notes, Dr Roach, 9/27/02 BP 130/90. Using Vicodin prn. No change in tx. IME, Dr David Trotter Orthopedist, 12/10/02 support unable to work normal occupation from 12/3/200 until present. Continued on IRR #2.

Investigation Result

<p>ASSESSMENT Based upon the medical data available at the time of the review, which includes speaking with the attending internist, the L&amp;RS of no sitting for prolonged periods of time and the requirement that claimant be allowed frequent positional changes including standing and laying down along with ability to apply ice to the back are not supported as evidenced by absence of clinically measurable tests or documented abnormalities in strength or ROM testing. Clinically measurable tests like an FCE might be helpful in determining functional capacities.</p> <p>Scott C. Taylor, DO</p>	
Internal Resource Response	06/09/2005 9:40:09 AM
Referral Resource Role	Associate Medical Director
Referral Resource Name	Scott Taylor
Initiator Comments	<p>Insufficient space on IRR #1. Please complete on IRR #2.</p> <p>Scott C. Taylor, DO</p>
Referral Comments	<p>Continued from IRR #1.....</p> <p>Operative report, Dr Alexiades, 4/16/03 R hip arthroplasty &amp; labrectomy. Cx had inverted labral tear. Anterior &amp; posterior labrum removed in entirety. Progress notes, Dr Roach, 5/21/03 surgery for hip went well. Considering surgery for back. BP 130/90. Progress notes, Dr Roach, 9/22/03 BP 110/80. Given Oxycontin for C5 stenosis. Progress notes, Dr Dempsey Springfield Internal Medicine, 1/22/04 remains asymptomatic. No change in proximal femur lesion. RTC 1 year. Progress notes, Dr Roach, 9/10/04 ran out of OxyContin. BP 140/100, 126/96, c/o neck pain &amp; stiffness. Using Lisinopril &amp; Zestril. d/c Zestril. Get x-rays of neck. Cervical x-rays, 9/14/04 DDD with space narrowing &amp; osteophytes at C6-7. L foraminal narrowing secondary to osteophyte formation. physical Ability Assessment form, Dr. Roach, 10/20/04 Occasional sitting, standing, walking, lift/carry up to 10 pounds, push/pull up to 10 pounds. Climbing. Supplementary Claim Disability Benefits Form, Dr Roach, 11/30/04 Class 5 physical limitations incapable of sedentary activity. Transferable Skills Analysis, 12/2/04 used PAA as basis. Several jobs found. Letter from Dr Roach, 4/19/05 Cxs disability is not able to sit for prolonged periods of time. Unable to sit without frequent positional changes including standing and laying down. He must also be able to ice back. See Provider Contact Task.</p>
Investigation Result	

<p>ASSESSMENT Based upon the medical data available at the time of the review, which includes speaking with the attending internist, the L&amp;R's of no sitting for prolonged periods of time and the requirement that claimant be allowed frequent positional changes including standing and laying down along with ability to apply ice to the back are not supported as evidenced by absence of clinically measurable tests or documented abnormalities in strength or ROM testing. Clinically measurable tests like an FCE might be helpful in determining functional capacities.</p> <p>Scott C. Taylor, DO</p>	
<p>04/28/2005 10:20:23 AM a66816</p>	
<p>Top</p>	
<p>Claim Strategy</p>	
<p>Claim Status Comments</p>	
<p>04/27/05 staffed claim with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AND to contact AP to discuss this alleged reversal, after CM obtains updated O/N from 08/01/04 through present.</p> <p>MDsodders CM</p>	
<p>Level of Functional Capacity</p>	
<p><input checked="" type="checkbox"/> With Restrictions</p>	
<p>Restrictions and Limitations</p>	
<p>Subjective/Objective Findings/Treatment</p>	
<p>Outstanding Issues and Follow-up Dates</p>	
<p>Strategy</p>	
<p>04/27/05 staffed claim with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AND to contact AP to discuss this alleged reversal, after CM obtains updated O/N from 08/01/04 through present.</p> <p>MDsodders CM</p>	
<p>Top</p>	
<p>Claimant Contact</p>	
<p>04/11/2005 3:52:08 PM a66816</p>	
<p>Top</p>	

Primary Diagnosis/Symptoms/Co-Morbid Conditions			
Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization			
Functionality/Job Duties/Set Expectations			
Other Income Benefits			
Overall Comments	<p>04/11/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding, but insisted that he would have his doctor respond. Cx asked for the information to be sent to him so he can expedite our request. Informed cx that I will fax the information over and is to the same number.</p>		
Internal Resource Response	<p>12/13/2004 3:46:23 PM hxjule</p>		
Referral Resource Role	[Vocational Rehab Counselor]		
Referral Resource Name	Holly Jule		
Initiator Comments	<p>12/02/04 referring for formal TSA. Exploratory TSA located occs, and need to send results of TSA to AP for comment on cx's abilities.</p> <p>Wage Requirement is \$4,986.57 Monthly.</p>		
Referral Comments			

Results of exploratory TSA discussed w/ VRC. Four sedentary occupations, including CX's own occupation, were agreed as appropriate to send to AP for comment. All meet target wage and all allow for ability to get up and move about, alternate sit, stand and walk at the employee's discretion. It is also noted that CX's job allowed for alternating positions- see job requirements in claim file. HJ

#### Investigation Result

[DOT's for the following occupations were selected for the exploratory TSA in order to consult with the AP for comment on CX's ability to perform them. Personnel Manager, DOT#166-117-018, Employment manager DOT#166-167-030, Employment Agency Manager, DOT#187-167-098 and Department Manager, DOT#189-167-022. Returning file with occupational descriptions to CM. HJ]

#### Internal Resource Response

Top

11/18/2004 6:40:15 PM

rxjenk

#### Referral Resource Role

Vocational Rehab Counselor

Rosemary Jenkins

#### Referral Resource Name

Rosemary Jenkins

#### Initiator Comments

[based on 11/03/04 staffing with NCM, need to run exploratory TSA based on AP's PAA dated 10/20/04. Wage requirement is .80 of indexed covered earnings, which totals 4,986.57 monthly, 59,838.84 yearly.]

MDSodder's CM

#### Referral Comments

#### Investigation Result

#### Exploratory TSA

An exploratory TSA was conducted using the PAA dated 10/20/04 and collective information from CX's DQ & JD. Using the OASYS edition, 9 occ were identified as potential transf skills 4 are within the Professional and Kindred industry 4 within any industry and 1 within the Government industry. The annual wages as per year 2000 labor statistics ranged from \$77,000.00 to \$123,000.00.

#### Claim Strategy

Claim Status Comments

Top

11/09/2004 11:51:09 AM

a66816

Top

11/03/04 staffed claim with NCM. Based on review of current medical, and PAA, run exploratory TSA on L/R provided. Concurrently, send APS to CX for COD, LOV. If TSA positive, send to AP for comments.  
MDSodders CM

#### Level of Functional Capacity

##### With Restrictions

##### Restrictions and Limitations

#### Subjective/Objective Findings/Treatment

#### Outstanding Issues and Follow-up Dates

#### Strategy

11/03/04 staffed claim with NCM. Based on review of current medical, and PAA, run exploratory TSA on L/R provided. Concurrently, send APS to CX for COD, LOV. If TSA positive, send to AP for comments.  
MDSodders CM

#### Active Contents

Type	Due Date	Created By	Assigned To	Title
LTD	06/06/2000		Mark Sodders	ALFANO,STEVEN -- 099449648 -- 01/14/1958

Created: 04/03/2004 11:57 AM

**Request Sheet**

Date Sent:

5/16/05

1. Please request the medical records and current tests from the following doctors:  
*2nd visit and 4/28/05 M/F to:*  
Dr. Roach  
Fax: 212-746-8127.  
**O/N ONLY from 08/01/04 through present**

From: Mark Sodders x5693

**Please refile claim after requesting.**

**Request Sheet**

Date Sent: March 4, 2005

1. Please request the medical records and current tests from the following doctors:

**2<sup>nd</sup> Request the following**

The January 20, 2005 letter to Dr. Roach asking for a review of the four DOT's.

- Please note that they received the DOT's in their office as of January 27, 2005 (no need to send the DOT's again, just the 2<sup>nd</sup> Request Letter and the January 20, 2005 letter).
- Please provide a deadline of March 25, 2005, and in the absence of Dr. Roach's reponse by March 25, 2005, we will assume Dr. Roach is in agreement with his patient's ability to perform the occupations listed in the four DOT's.

From: Mark Sodders x5693

6. 212-746-8127  
+ 212-746-2879

**Please refile claim after requesting.**

**Folder: Current Case Plan**

**Details**

**Name** STEVEN ALFANO **SSN** 099-44-8648 **DOB** 01/14/1958  
**Account Name** WEILL MEDICAL COLLEGE **Account #** NYK0001972 **Incurred Date** 06/06/2000  
**Claim Manager** Mark Sodders **Incident #** 513554 **Claim Eff Dt-Status** 01/21/2003 - Active

**Internal Resource Response** 12/13/2004 3:46:23 PM **hxjule** **Top**

**Referral Resource Role** Vocational Rehab Counselor

**Referral Resource Name** Holly Julie

**Initiator Comments**

12/02/04 referring for formal TSA. Exploratory TSA located occs, and need to send results of TSA to AP for comment on cx's abilities.

**Wage Requirement** is \$4,986.57 Monthly.

**Referral Comments**

Results of exploratory TSA discussed w/ VRC. Four sedentary occupations, including Cx's own occupation, were agreed as appropriate to send to AP for comment. All meet target wage and all allow for ability to get up and move about, alternate sit, stand and walk at the employee's discretion. It is also noted that cx's job allowed for alternating positions- see job requirements in claim file. HJ

**Investigation Result**

DOT's for the following occupations were selected for the exploratory TSA in order to consult with the AP for comment on Cx's ability to perform them. Personnel Manager, DOT#166.117-018, Employment manager DOT#166.167-030, Employment Agency Manager, DOT#187.167-098 and Department Manager, DOT#189.167-022. Returning file with occupational descriptions to CM. HJ

**Internal Resource Response** 11/18/2004 6:40:15 PM **rxjenk** **Top**

**Referral Resource Role** Vocational Rehab Counselor

Referral Resource Name	Rosemary Jenkins		
Initiator Comments	<p>based on 11/03/04 staffing with NCM, need to run exploratory TSA based on AP's PAA dated 10/20/04. Wage requirement is .80 of indexed covered earnings, which totals 4,986.57 monthly, 59,838.84 yearly.</p>		
Referral Comments	<p>MDSodders CM</p>		
Investigation Result	<p>Exploratory TSA</p> <p>An exploratory TSA was conducted using the PAA dated 10/20/04 and collective information from cx's DQ &amp; JD. Using the QASYS edition, 9 occ were identified as potential transf skills 4 are within the Professional and Kindred industry 4 within any industry and 1 within the Government industry. The annual wages as per year 2000 labor statistics ranged from \$77,000.00 to \$123,000.00.</p>		
Claim Strategy	11/09/2004 11:51:09 AM	a66816	Top
Claim Status Comments	<p>11/03/04 staffed claim with NCM. Based on review of current medical, and PAA, run exploratory TSA on L/R provided. Concurrently, send APS to CX for COD, LOV. If TSA positive, send to AP for comments.</p>		
Referrals	<p>MDSodders CM</p>		
Level of Functional Capacity	<p><input type="checkbox"/> With Restrictions</p>		
Restrictions and Limitations	<p>Restrictions and Limitations</p>		
Subjective/Objective Findings/Treatment	<p>Subjective/Objective Findings/Treatment</p>		

Outstanding Issues and Follow-up Dates	

## Strategy

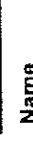
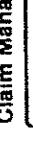
11/03/04 staffed claim with NCM. Based on review of current medical, and PAA, run exploratory TSA on L/R provided. Concurrently, send APS to CX for COD, LOV. If TSA positive, send to AP for comments.

CM

## Active Contents

Type	Due Date	Created By	Assigned To	Title
LTD	06/06/2000		Mark Sodders	ALFANO, STEVEN .. 099449648 ... 01/14/1958

Created:	04/03/2004 11:57 AM
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Folder: Current Case Plan																			
 <b>Details</b>	 Logs (0)																		
<table border="1"> <tr> <td>Name</td> <td>STEVEN ALFANO</td> <td>SSN</td> <td>099-44-9648</td> <td>DOB</td> <td>01/14/1958</td> </tr> <tr> <td>Account Name</td> <td>WEILL MEDICAL COLLEGE</td> <td>Account #</td> <td>NYK0001972</td> <td>Incurred Date</td> <td>06/06/2000</td> </tr> <tr> <td>Claim Manager</td> <td>Mark Sodders</td> <td>Incident #</td> <td>513554</td> <td>Claim Eff Dt-Status</td> <td>01/21/2003 - Active</td> </tr> </table>	Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958	Account Name	WEILL MEDICAL COLLEGE	Account #	NYK0001972	Incurred Date	06/06/2000	Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	01/21/2003 - Active	 <b>Internal Resource Response</b>
Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958														
Account Name	WEILL MEDICAL COLLEGE	Account #	NYK0001972	Incurred Date	06/06/2000														
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	01/21/2003 - Active														
	11/18/2004 6:40:15 PM			rxjenk															
 <b>Referral Resource Role</b>	Vocational Rehab Counselor																		
 <b>Referral Resource Name</b>	Rosemary Jenkins																		
 <b>Initiator Comments</b>	<p>based on 11/03/04 staffing with NCM, need to run exploratory TSA based on AP's PAA dated 10/20/04. wage requirement is .80 of indexed covered earnings, which totals 4,986.57 monthly, 59,838.84 yearly.</p>																		
 <b>Referral Comments</b>	<p>MDSodders CM</p>																		
 <b>Investigation Result</b>	<p>Exploratory TSA</p> <p>An exploratory TSA was conducted using the PAA dated 10/20/04 and collective information from CX's DQ &amp; JD. Using the OASYS edition, 9 occ were identified as potential transf skills 4 are within the Professional and Kindred industry 4 within any industry and 1 within the Government industry. The annual wages as per year 2000 labor statistics ranged from \$77,000.00 to \$123,000.00.</p>																		
 <b>Claim Strategy</b>	<p>11/09/2004 11:51:09 AM</p> <p>a66816</p> <p></p>																		

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